

23727

Form V. B. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. 40Primary Registration District No. 2020

## 1. PLACE OF DEATH:

(a) County Barren  
 (b) City or town Glasgow  
(If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:  
General  
(If not in hospital or institution write street number or location)  
 (d) Length of stay: in hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Barren  
 (c) City or town Glasgow  
(If outside city or town limits, write RURAL)  
 (d) Street No. N. Race St  
(If rural give precinct)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Sallie Brown Harlin

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex F5. Color or race W6(a) Single  widowed  married, divorced \_\_\_\_\_6(b) Name of husband or wife William Joseph Harlin

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased July 5, 1871  
(Month) (Day) (Year)8. AGE: 73 Years4 Months20 DaysIf less than one day  
 hr. \_\_\_\_\_ min.9. Birthplace Kentucky10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER {

12. Name William Brown13. Birthplace Kentucky14. Maiden name Julia Jones15. Birthplace Ky.16(a) Informant's own signature Vivra Harlin(b) Address Glasgow Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place Glasgow Cemetery Date Nov. 27, 194418(a) Signature of funeral director J. F. Hatcher & Co(b) Address Glasgow Ky19(a) Nov. 26 - 1944  
(Date received by local registrar)(b) [Signature]  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 194421. I hereby certify that I attended the deceased from \_\_\_\_\_ 19  
 to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on\_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date  
 stated above at 2:00 P.M.

Immediate cause of death

Secondary anemia

DURATION

Due to

Stomach ulcer  
or malignancy

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations 118-7315

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial plant, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature [Signature]Address Glasgow KyDate signed [Signature](M. B. 1944)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.