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Form V. S. 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. 87

Registration District No. 1064 Primary Registration District No. 7361

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Hestand
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(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 Monroe
(c) City or town Hestand
(If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ year

3(a) FULL NAME Silverter B Pennington

3(b) If veteran, _____ 3(c) Social Security
Name war No. _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife _____

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

7. Birth date of deceased June 3 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 5 If less than one day hr. _____ min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name J. G. Pennington

13. Birthplace Ky

MOTHER { 14. Maiden name Bernetta Grace

15. Birthplace Ky

16(a) Informant's own signature C. B. Pennington

(b) Address Tompkinsville, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Bailey Cemetery Date 7/9/45, 19__

18(a) Signature of funeral director Family

(b) Address _____

19(a) 8/2/45 (Date received by local registrar)

(b) James E. Liscie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1945 19__

21. I hereby certify that I attended the deceased from Jan. 19__
to July 1 - 4 1945 that I last saw him alive or
suffered from at 7 P.M. M.

Immediate cause of death
Coronary Occlusion

Due to _____ DURATION

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations 94A

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 place, in public place? _____ (Specify type of place)

While at work? _____ (d) Means of injury _____

23. Signature J. F. Morris (M. D. or other)

Address Tompkinsville, Ky. Date signed _____

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.