

Colby

22628

COMMONWEALTH OF KENTUCKY

State File No.

Registrar's No.

Form V. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1170 Primary Registration District No. 780

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Wether
(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 Perry

(c) City or town _____
(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.? _____ years

3(a) FULL NAME Eliza Campbell

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

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced re-married

6(b) Name of husband or wife _____

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

7. Birth date of deceased June 22
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day hr. _____ min.

9. Birthplace Wright Co Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name John Maggard

13. Birthplace Wright Co Ky

MOTHER { 14. Maiden name Beauchamp

15. Birthplace Wright Co Ky

16(a) Informant's own signature William Campbell

(b) Address Wiper Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Cornett farm Date Oct 12, 1946

18(a) Signature of funeral director Joe Green

(b) Address Hazard Ky

19(a) 10/14/46 (Date received by local registrar) (b) Y. J. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1946

21. 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 8 30 P. M.

Immediate cause of death Cerebral thrombosis

Due to Hypertension

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

Major findings:
Of operations _____
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? _____ (a) Means of injury _____

23. Signature W. J. Johnson (M. D. or other)

Address Hazard Date signed 10-14-46

MARGIN RESERVED FOR BINDING

M. 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.