

Form V. E. 1-A  
**1. PLACE OF DEATH**  
 County Bourbon  
 Vol. Fol. \_\_\_\_\_  
 Inc. Town \_\_\_\_\_  
 City Paris (No. Massie Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH  
 File No. 5627  
 Registered No. 100

Registration District No. 26  
 Primary Registration District No. 2640

**2. FULL NAME** Claudia Lee Hamilton IF VETERAN, WHAT WAR? \_\_\_\_\_  
 (a) Residence, No. Bourbon County St. \_\_\_\_\_ Ward \_\_\_\_\_ (if nonresident, give city of town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)		21. DATE OF DEATH <u>Mar. 29-1938</u>	
2a. If married, widowed, or divorced WIDOWED of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>3/27/38</u> to <u>3/29/38</u> I last saw <u>deceased</u> alive on <u>3/27/38</u> death is said to have occurred on the date stated above, at <u>3- P. M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Branch pneumonia</u> <u>Alcoholic excess</u> <u>9-17</u>	
6. DATE OF BIRTH <u>Mar. 28-1937</u>				Date of onset _____	
7. AGE Years <u>1</u> Months <u>0</u> Days <u>3</u> IF LESS than 1 day _____ mo. _____ yr.				Contributory causes of importance not related to principal cause: _____	
8. Trade, profession, or particular kind of work done, at epidemic, septic, food-poison, etc.				Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
9. Industry or business in which work was done, as with mill, sawmill, bank, etc.				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
10. Date deceased last worked at this occupation (month and year)				Manner of injury _____ Nature of injury _____	
11. Total time (years) spent in this occupation				24. Was disease or injury in any way related to occupation of deceased? _____	
12. BIRTHPLACE <u>Salt Lick, Bath Co. Ky.</u>				(Signed) <u>J. M. P. [Signature]</u> 240 Paris - Ky.	
13. NAME <u>Howard Hamilton</u>				(Address) _____	
14. BIRTHPLACE <u>Farmers, Rowan Co. Ky.</u>					
15. MAIDEN NAME <u>Ruth McGlothlin</u>					
16. BIRTHPLACE <u>Salt Lick, Bath Co. Ky.</u>					
17. INFORMANT <u>Howard Hamilton,</u> <u>Paris, Ky. RFD.</u>					
18. BURIAL—Cemetery—CO-BURIAL Place <u>Salt Lick, Bath Co., Mar. 30-38</u>					
19. UNDERTAKER <u>Davis Funeral Home,</u> <u>Paris, Ky.</u>					
20. FILED <u>Miss [Signature]</u> _____ Registrar					

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. JOE should be stated EXACTLY. PHYSICIANS and other CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.