

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 108
Register No. 108

Form T. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 10 Primary Registration District No. 2027

MARGIN RESERVED FOR BINDING
Every item of information should be stated EXACTLY. Exact statement of OCCUPATION in very few words should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
N. B.—WRITE PLAINLY WITH INK.—THIS IS A PERMANENT RECORD. PHYSICIAN SHOULD SIGN. Exact statement of OCCUPATION in very few words should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH
(a) County Bath
(b) City or town 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 Kentucky (b) County Bath
(c) City or town Rural
(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 Elizabeth Arizona Collins
(b) If veteran, Name was No
(c) Social Security No

MEDICAL CERTIFICATION
20. DATE OF DEATH December 23 1941

4. Sex Female (a) Color or race White (b) Single, widowed, divorced, or married Widowed
(c) Name of husband or wife John Collins
(d) Age of husband or wife if living April 29 1870
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16 1941 to Dec 23 1941, that I last saw the decedent on Dec 21 1941, and that death occurred on the date stated above at 3 A.M.
Immediate cause of death
Pneumonia
DURATION

8. AGE: Years 71 Months 7 Days 29
9. Birthplace Kentucky
10. Usual occupation Housewife
11. Industry or business

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

FATHER: 12. Name Isaac Barnes
13. Birthplace Kentucky

MOTHER: 14. Maiden name Elizabeth Nister
15. Birthplace Kentucky

16(a) Informant's own signature Ray Collins
(b) Address Sact Dick, Ky

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 or public place? (Specify type of place)

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cem Date Dec 29 1941
18(a) Signature of funeral director Barnes + Horstman
(b) Address Sact Dick, Ky
19(a) Date received by local registrar Dec 26 1941 (b) Registrar's signature

While at work? (a) Means of injury
23. Signature Ernest D. Blair M.D.
Address Morehead Ky Date signed Dec 29 41 (M. D. or other)