

MARGIN RESERVED FOR BIRTHING
 H. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every name of informant should be carefully spelled. 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.

2569

COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1310 Please Enclose Report No. 5149

1. PLACE OF DEATH
 (a) County ROWAN
 (b) City or town FARMERS
 (c) Name of hospital or institution _____
 (d) If not in hospital or institution write special number of building _____
 (e) Length of stay: In hospital or institution _____ (Specify month or days)

2. USUAL RESIDENCE OF DECEASED
 (a) State KY (b) County ROWAN
 (c) City or town FARMERS (d) Name of street or place (with house or rural) _____
 (e) Street No. _____ (f) Rural area preferred _____
 (g) If foreign born, how long in U. S. A. _____ years

3. FULL NAME JANE-ALFREY
 (a) Sex Female (b) Color White (c) Marital Status Married
 (d) Name of husband or wife LEONARD-ALFREY
 (e) Age of husband or wife 48 years (f) Date of death Feb 20 1946
 (g) Birth date of deceased Feb 20 1911 (h) Sex _____ (i) Color _____

4. ALL 3 TO 3 IF TWO OR MORE

5. BIRTHPLACE KENTUCKY
6. USUAL OCCUPATION ASSURANCE
7. INDUSTRY OR BUSINESS _____

8. FATHER
 (a) Name ALEX-ALFREY
 (b) Birthplace KENTUCKY

9. MOTHER
 (a) Maiden name LOLY-WEBS
 (b) Birthplace KENTUCKY

10. Informant's name (signature) John C. M. [Signature]
(a) Address FARMERS

11. BURIAL, CREMATION, OR REMOVAL
 (a) Place John C. M. [Signature] (b) Date DEC 20 1945
(c) Signature of Funeral Director JOHN C. M. [Signature]
(d) Name JANE ALFREY

12. Date Jan 7 1946 (a) Registrar's Signature _____ (b) Registrar's Name _____

13. MEDICAL CERTIFICATION
 (a) DATE OF DEATH Feb 20 1946
 (b) I hereby certify that I attended the deceased from _____ to _____ and that death occurred on the _____ day of _____, 1946.
 (c) Cause of death Struck by automobile
 (d) Manner of death Drunk driving
Car left road, struck
pothole on side of road
 (e) Signature _____ (f) Signature _____

14. If death was due to natural causes, fill in the following:
 (a) Accident, suicide, or homicide _____
 (b) Date of occurrence Dec 22 45
 (c) Where and how death occurred _____
 (d) Name of doctor _____
 (e) Signature _____