[redacted]

Jim Scott.

State File No. 13275
Registrar's No.

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

Registration District No. 500 Primary Registration District No. 5185 (Victory Ave.)

1. PLACE OF DEATH:
(a) County Fayette
(b) City or town Lexington (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 137 Victory Avenue (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 Fayette
(c) City or town Lexington (If outside city or town limits, write RURAL)
(d) Street No. 137 Victory Avenue (If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Oscar F. Hanna
3(b) If veteran, Name war no
3(c) Social Security No. no
4. Sex Male
5. Color or race White
6(a) Single, widowed, divorced Married
6(b) Name of husband or wife Mamie
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased October (Month) 12, (Day) 1881 (Year)
8. AGE: Years 60 Months 8 Days 15 If less than one day hr. _____ min.
9. Birthplace Dover, Mason Co., Ky.
10. Usual occupation
11. Industry or business Piano Tuner
FATHER 12. Name John R. Hanna
13. Birthplace Mason Co., Ky.
MOTHER 14. Maiden name Mary Broadwell
15. Birthplace Mason Co., Ky.
16(a) Informant's own signature Mrs. O. F. Hanna
(b) Address Lexington, Kentucky
17. BURIAL, CREMATION, OR REMOVAL
Place Salt Lick, Ky. Date June 30 1942
18(a) Signature of funeral director Kerr Brothers
(b) Address Lexington, Kentucky
19(a) 7-6-42 (Date received by local registrar) (b) D. A. Furlong (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 27, 1942
21. I hereby certify that I attended the deceased from Dec 2 1940 to Date of death 19__ that I last saw him alive on June 27 1942 and that death occurred on the date stated above at 5 pm M.
Immediate cause of death Aneurysm of arch of aorta
Due to Cerebrosis
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy same
DURATION

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, or industrial place, in public place? (Specify type of place)
While at work? (c) Means of
23. Signature Kerr Scott (Signature of author)
Address Lex Ky Date signed June 30/42

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH [illegible]ADING INK—THIS IS A PERMANENT [illegible]ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH[illegible]CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Carty