

MARGIN RESERVED FOR BINDING

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

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

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

Main File No. 17225  
 Registrar's No. \_\_\_\_\_

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH: (a) County Bath (b) State Ky (c) City or town Rural (d) Name of hospital or institution \_\_\_\_\_ (e) Length of stay: In hospital or community \_\_\_\_\_ (f) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

2. USUAL RESIDENCE OF DECEASED: (a) State Ky (b) County Bath (c) City or town Rural (d) Street No. \_\_\_\_\_ (e) If rural give precinct \_\_\_\_\_

3(a) FULL NAME John B. Warren  
 3(b) If veteran, Name war no 3(c) Social Security No. 220110

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Martha Warren  
 6(c) Age of husband or wife if alive 66 Years  
 7. Birth date of deceased Feb. 24 1886 (Month) (Day) (Year)

8. AGE: Year 36 Weeks 6 Days 3 If less than one day \_\_\_\_\_

9. Birthplace Ky  
 10. Usual occupation farmer  
 11. Industry or business \_\_\_\_\_

FATHER: 12. Name not known  
 13. Birthplace \_\_\_\_\_

MOTHER: 14. Maiden name Mary Barber  
 15. Birthplace Ky

16(a) Informant's own signature George Warren  
 (b) Address Winklesville, Ky

17. BURIAL, CREMATION, OR REMOVAL  
 Place Bath Co. Date Aug 29, 1942

18(a) Signature of funeral director C. Blane  
 (b) Address Morehead, Ky  
 19(a) Date required by local register Aug 29 - 1942 Registrar's signature M. B. Hill

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Aug 26 1942  
 21. I hereby certify that I attended the deceased from Aug 10 1942 to Aug 26 1942 (or) last saw him alive on Aug 26 1942, and that death occurred on the date stated above at 11 P. M. Immediate cause of death Cerebral Hemorrhage

Due to Heart Valve Insufficiency  
Arteriosclerosis  
HTA

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 George Warren (b) S. or other W. B. Hill  
 Address Morehead, Ky Date signed 8/27/42