

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery

Vol. No. _____

Registration District No. 1070

File No. _____

Registered No. _____

Inc. Town _____

Primary Registration District No. 225

City Madisonville

(If death occurred in a hospital or institution, give the NAME instead of street and number)
Mary Chiles Hospital

Ward _____

2. FULL NAME Curtis Norman

(a) Residence No. _____
(Street place or abode)

Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Residing in U. S. or of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. Single, Married, Widowed or Divorced (circle the word)
Married

6a. If reported, widowed, or divorced
Married

6b. Name of spouse Juanita Norman

7. AGE 21 Sex Male Race White If less than 1 year _____ mo. _____ ds.

8. Trade, profession, or particular kind of work done, or occupation, service, handicraft, etc.
Farmer

9. Industry or business in which work was done, or (2nd 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th)

10. How disease first noticed or the occupation (month and year) _____

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH July 30, 1932

12. I HEREBY CERTIFY that I attended deceased from July 27, 1932 to July 30, 1932. I last saw deceased on July 30, 1932. Death is said to have occurred on July 30, 1932. Death is said to have occurred on July 30, 1932. The principal cause of death and related causes of importance in order of exact time as follows:
Pneumonia and shock

Contributory causes of importance not related to principal cause:
Shotgun wounds

Name of operation None Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

13. If death was due to external cause (violence) as in also the following: Accident, suicide, or homicide? Accidental injury _____

Where did injury occur? Back of head, Ky. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

14. Was disease or injury in any way related to occupation of deceased? If so, specify _____

Signed [Signature] M. D.

(Address) Madisonville Ky

13. BIRTHPLACE Rowan County Ky

14. NAME Creed Norman

15. BIRTHPLACE Lee County Ky

16. MARRIAGE NAME Maud Randall

17. BIRTHPLACE Benton Co. Ky

18. NAME Creed Norman

19. OCCUPATION Farmer Ky

20. BIRTHPLACE James Carr Aug 3, 1932

21. NAME Barnes + Harsman

22. BIRTHPLACE Back Lick Ky

23. FILED 7-3 W. S. P. [Signature]

MARGIN RESERVED FOR BINDING
DO NOT WRITE PLAINLY, WITH GUIDELINES INK—THIS IS A PERMANENT RECORD
Should be completed immediately after death. All entries should be made EXACTLY.
Physicians should state CAUSE OF DEATH in plain terms. All that is not for proper classification. Exact statement of OCCUPATION is very important. All entries should be made in plain ink.