Form V. S. 1-A

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

3318

File No. _____
Registered No. _____

Registration District No. 5-2
Primary Registration District No. 4082

1. PLACE OF DEATH

County: Bath
Vot. Pct. _____
Inc. Town _____
City _____ (No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Richard Isles

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Darsie Isles

6. DATE OF BIRTH: February 7, 1846

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	90		11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE: Kentucky

FATHER
13. NAME: William Hendricks
14. BIRTHPLACE: Kentucky

MOTHER
15. MAIDEN NAME: Martha Isles
16. BIRTHPLACE: Kentucky

17. INFORMANT: Mrs. Darsie Isles
(Address): Salt Lick, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place: Jones Cem. Date: Feb 19, 1936

19. UNDERTAKER: Barnes & Hardesman
(Address): Salt Lick, Ky

20. FILED: 2-20, 1936 Mrs. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from about Jan 15, 1936 to Feb 18, 1936, and I last saw him alive on Feb 18, 1936. Death is said to have occurred on the date stated above, at 10:30 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Lobar Pneumonia	10 dy

Contributory causes of importance not related to principal cause:

Myocarditis	acute

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19__
Where did injury occur? _____ (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 _____

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

(Signed) Dr. C. T. Jones M. D.
(Address) Salt Lick, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. 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. See instructions on back of certificate.