

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

31594

1. PLACE OF DEATH
County Beth
Vol.
Inc. Town Salt Lick, Ky.
City

Registration District No. 52
Primary Registration District No. 4048

File No.
Registered No.

2. FULL NAME Vergil Meadows
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(A) Residence No. Salt Lick, Ky. 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. See key in U. S. if of foreign birth

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>		
6. If married, widowed, or divorced HUSBAND of <u>Mattie Wills Meadows</u> (W) WIFE of				
7. DATE OF BIRTH <u>October 12, 1891</u>				
7. AGE Yrs. Mos. Days If LESS than 1 yr. specify mo. ds.				
<u>45 2 7</u>				
8. Trade, profession, or particular kind of work done, or officer, soldier, seaman, etc. <u>Railroad Worker</u>				
9. Industry or business in which work was done, or with which, merchant, bank, etc.				
10. Date deceased last worked at this occupation (month and year) <u>12/15/36</u> 11. Total time (years) spent in this occupation <u>5 years</u>				
12. BIRTHPLACE <u>Salt Lick, Ky</u>				
13. NAME <u>William Meadows</u>				
14. BIRTHPLACE <u>Salt Lick, Ky</u>				
15. MAIDEN NAME <u>Lula M^cCarty</u>				
16. BIRTHPLACE <u>Salt Lick, Ky</u>				
17. INFORMANT <u>Arthur Meadows</u> (Address) <u>Detroit, Mich.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jones Cemetery</u> Date <u>Dec. 22</u> 19 <u>36</u>				
19. UNDERTAKER <u>Barnes & Horzeman</u> (Address) <u>Salt Lick, Ky</u>				
20. FILED <u>12-22-36</u> <u>112 SP Meadows</u> (Address) <u> </u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH <u>December 19, 1936</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u> </u> to <u> </u> , 19 <u>36</u> I last saw him alive on <u> </u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at <u> </u> . The principal cause of death and related causes of importance in order of onset were as follows: <u>Hit by Auto - Driver unknown - Next broken</u>	
Contributory causes of importance not related to principal cause: <u> </u>	
Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>Accident</u> of injury <u>Dec 19 36</u> Where did injury occur? <u>U.S. 60 between Farm & Midway</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>Killed by Hit and Run Driver</u> Nature of injury <u>Broken Neck</u>	
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u>	
(Signed) <u>W. L. Williams</u> M. D. Address <u>of Cotter</u>	

Physicians should be sure to state EXACTLY, and under CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

pc-9-17