

FEDERAL BUREAU OF INVESTIGATION
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF PUBLIC
HEALTH OF KENTUCKY

CERTIFICATE OF DEATH

52 3725

116-

Date Rec'd No. 120

Received by 120

1. PLACE OF DEATH

& COUNTY

Kosciusko Co.

2. USUAL RESIDENCE & STATE

& LENGTH OF
OR
TOWN Rural - near Garfield

& CITY

Perry

& COUNTY

Kosciusko Co.

3. FULL NAME OF DECEASED (First, Middle, Last)

(Last or First)

4. DATE OF DEATH

(Year, Month, Day)

5. SEX

6. COLOR OF HAIR

7. MARRIED, NEVER MARRIED,

WIDOWED, DIVORCED, SEPARATED

8. DATE OF BIRTH

(Year, Month, Day)

9. MOTHER'S MAIDEN NAME

10. FATHER'S NAME

11. OCCUPATION

12. BIRTHPLACE

13. COUNTRY OF

14. GRAVESITE

15. INFORMANT

16. CAUSE OF DEATH

17. DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH

18. ANTecedent CAUSES

19. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the cause or condition causing death

20. DATE OF OPERATION: MAJOR FINDINGS OF OPERATION

21. ACCIDENT

22. PLACE OF INJURY

23. TIME

24. INJURY OCCURRED

25. HOW DID INJURY OCCUR?

26. I hereby certify that I attended the deceased from

27. From the cause and on the date stated above,

28. DATE SIGNED

29. SIGNATURE

30. BURIAL CEREMONY

31. DATE

32. NAME OF CEMETERY OR CREMATORIUM

33. LOCATION (City, State, or County)

34. DATE REC'D BY

35. REGISTRATION SIGNATURE

36. FINGERPRINTS

37. ADDRESS