

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.

Registration District No. 1070 Primary Registration District No. 7401

1. PLACE OF DEATH: (a) County Montgomery (b) City or town Rural (c) Name of hospital or institution (d) Length of stay in hospital or community

2. USUAL RESIDENCE OF DECEASED: (a) State Kentucky (b) County Montgomery (c) City or town Rural (d) Street No. (e) If foreign born, how long in U. S. A.T.

3(a) FULL NAME Henry Gibson Hunt

3(b) If widow, Name and age (c) Social Security No.

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

6(a) Name of husband or wife

6(b) Age of husband or wife if alive

7. Birth date of deceased July 31, 1913

8. AGE: Years 30 Single C

9. Birthplace Montgomery Co., Ky.

10. Usual occupation Carpenter

11. Industry or business

12. Name Henry Hunt

13. Birthplace Bath Co., Ky.

14. Mother's name Sallie Gibson

15. Birthplace Montgomery

16(a) Informant's own signature Mrs. Sallie Gibson Hunt

(b) Address Mt. Sterling, Ky.

17. BURIAL, CREMATION OR INTERMENT: Place Gibson Cemetery Date Jan. 31, 1946

18(a) Signature of funeral director C. W. Wicks

(b) Address Mt. Sterling, Ky.

19(a) Date reported to local registrar Jan 31, 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22, 1946

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the day stated above at 8 P. M.

Immediate cause of death Internal Hemorrhage

Due to Gun shot wound in chest, penetrating right lung.

Other conditions (Include properly 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) Suicide (b) Date of occurrence Jan. 29, 1946 (c) Where did injury occur, in or about home, on farm, in industrial plant, in public place? In home (Specify type of place) (d) Nature of injury 12 ga. shotgun

23. Signature D. K. Mitchell M.D. Coroner

(b) Address Mt. Sterling, Ky. Date signed Jan 31, 1946