

1. PLACE OF DEATH
 County Bath
 Vol. No. 4085 Registrar District No. 5-2
 No. Twp. _____ Primary Registrar District No. 4255
 City _____ (If death occurred in a hospital or institution, give the NAME instead of street and number)
 2. FULL NAME Eugene Green
 (a) Residence No. _____ (b) Residence No. _____
 (c) Place of birth _____ (d) Place of birth _____
 Length of residence in city or town where death occurred _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. BIRTH, Country, District or Naturalization Denmark
 6. If married, widowed, or divorced _____
 7. DATE OF BIRTH Aug 20 / 35
 8. AGE still born
 9. Trade, profession, or occupation _____
 10. Industry or business in which work was done _____
 11. Place attended last night or day _____
 12. OCCUPATION _____
 13. BIRTHPLACE Bath Co.
 14. NAME Allie Clark Green
 15. BIRTHPLACE Bath Co. Ky
 16. MARRIAGE Beulah Francis Myers
 17. BIRTHPLACE Bath Co. Ky
 18. BIRTHPLACE Allie Green
 19. BIRTHPLACE Bath Co. Ky
 20. BIRTHPLACE Bath Co. Ky
 21. BIRTHPLACE Bath Co. Ky
 22. BIRTHPLACE Bath Co. Ky
 23. BIRTHPLACE Bath Co. Ky
 24. BIRTHPLACE Bath Co. Ky
 25. BIRTHPLACE Bath Co. Ky
 26. BIRTHPLACE Bath Co. Ky
 27. BIRTHPLACE Bath Co. Ky
 28. BIRTHPLACE Bath Co. Ky
 29. BIRTHPLACE Bath Co. Ky
 30. BIRTHPLACE Bath Co. Ky

MEDICAL CERTIFICATE OF DEATH

31. DATE OF DEATH Aug 20 1935
 32. I HEREBY CERTIFY that I attended deceased from Aug 20 1935 to Aug 20 1935
 I last saw deceased on Aug 20 1935 death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance in order of cause were as follows:
Hydrocephalus - chronic
 Contributory causes of importance not related to principal cause:
 Name of physician _____ Date of _____
 What test ordered? _____ Was there an autopsy? Yes
 33. If death was due to external causes (whether or not in view the accident, war, or homicide) date of injury _____
 Where did injury occur? _____
 Specify whether injury occurred in industry, in home, or in public place.
 Nature of injury _____
 Nature of injury _____
 34. Was disease or injury in view related to occupation of _____
 Name of _____
 Signed Dr. C. P. Jones M. D.
 Location Bath Co. Ky

MARGIN RESERVED FOR BINDING

8. WHITE PLAINLY, WITH UNFAVORING IMPRESSIONS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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 Sample.