

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.

Form T. A. 1-4

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 9079  
Registrar's No. \_\_\_\_\_

Registration District No. 50 Primary Registration District No. 2025-

1. PLACE OF DEATH: (a) County <u>Bath</u> (b) City or town <u>Douglasville Ky.</u> (c) Name of hospital or institution: (If outside city or town limits, write RURAL) (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky</u> (b) County <u>Bath</u> (c) City or town <u>Douglasville</u> (If outside city or town limits, write RURAL) (d) Street No. _____ (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ <u>yes</u>
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3(a) FULL NAME Johnnie McShurg  
3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name was \_\_\_\_\_ No. \_\_\_\_\_

4. Sex male 5. Color or race White 6(a) Single, widowed, married, divorced single

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Apr 19 1948  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
		<u>19</u>	hr. min.

9. Birthplace Ky

10. Usual occupation \_\_\_\_\_ ✓

11. Industry or business \_\_\_\_\_

FATHER 12. Name Audrey McShurg

13. Birthplace Ky

MOTHER 14. Maiden name Floora Traylor

15. Birthplace Ky

16(a) Informant's own signature Mrs Audrey McShurg

(b) Address Farmers Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Jones graveyard Date May 9 1948

18(a) Signature of funeral director Stuart P. ...

(b) Address Douglasville Ky.

19(a) June 1st 1948 (Date received by local registrar) (b) W. ... (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH May 8 1948  
21. I hereby certify that I attended or deceased from May 8 1948 to May 8 1948 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date stated above at 2:30 P. M.

Immediate cause of death STARVATION - DURATION \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 158

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: (over)

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature John A. ...

Address Douglasville Ky Date signed 6-7-48