

COMMONWEALTH OF KENTUCKY

Form T. & T-4
DEPARTMENT OF COMMERCE
Bureau of the Census

Home State No. _____
Register's No. 63

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1310 Primary Registration District No. 8149

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.

1. PLACE OF DEATH:
(a) County Rowan
(b) City or town Rural - near Farmers
(c) Name of hospital or institution _____
(d) Length of stay: In hospital or community _____
(e) If not in hospital or institution write street number or location _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Rowan
(c) City or town Rural - near Farmers
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____

3(a) FULL NAME Lee Lang

3(b) If veteran, no. (c) Social Security No. _____

4. Sex male (a) Color or race white (b) Single, widowed, married, divorced widowed

5(a) Name of husband or wife Retic Lang

5(b) Age of husband or wife if alive _____

7. Birth date of decedent: April 17, 1876

6. AGE: Years 72 Months 6 Days 7 If less than one day, state _____

9. Birthplace Huntsville, Ala.

10. Usual occupation coal miner

11. Industry or business _____

FATHER: 22. Name Sam Lang

23. Birthplace Alabama

MOTHER: 24. Maiden name Adeline Lang

25. Birthplace Alabama

13(a) Informant's own signature Mrs Charles Moxie

13(b) Address Farmers Ky.

17. BURIAL, CREMATION, OR REMOVAL
Buried in Rowan Co. Ky. Oct. 21, 1948

18(a) Signature of funeral director W. R. Rame

18(b) Address Moxiehead Ky.

19(a) October 21, 1948 (Date received by local registrar) (b) Registrar's signature Karin E. Young

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct. 19, 1948

21. I hereby certify that I attended the deceased from _____ to _____ and that death occurred on the date stated at _____

22. Immediate cause of death: Cerebral Hemorrhage

Other conditions: _____

Major findings: 83A

23. Signature W. R. Rame

Address Moxiehead

Date 10/21/48

22. If death was due to external causes, fill in the following:
(a) Accident, vehicle, or homicide (specify) _____
(b) Date of occurrence _____

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

While at work? _____ (c) Means of injury _____

23. Signature W. R. Rame

Address Moxiehead

Date 10/21/48

Handwritten initials and date: 10/21/48