

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File **15190**

1. PLACE OF DEATH

County Bath

Vet. Post

Inc. Town Salt Lick Ky

City

Registration District No. 62

Primary Registration District No. 4085

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Mansfield

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH 7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min. 61

8. Trade, profession, or particular kind of work done, as engineer, seaman, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE Kentucky

13. NAME Jack Mansfield

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE Kentucky

17. INFORMANT Bella Brandy (Address) Salt Lick, Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Jones Cemetery Date June 14, 1936

19. UNDERTAKER Barnes & Bergeman (Address) Salt Lick, Ky.

20. FILED June 14, 1936 In No. 10 at Salt Lick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_ I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance in order of onset were as follows:

kill on the road and no car was found  
174  
Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_ Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Albie Mansfield (Address) Burnsfield

Bath Coroner