

Marion, William Melvin 1939 - 1940

13812

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

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

State File No. _____
 Registrar's No. 678

Registration District No. 500 Primary Registration District No. 2165

1. PLACE OF DEATH:
 (a) County Fayette
 (b) City or town Lexington
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution St. Joseph's Hospital
(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 Kentucky (b) County Fayette
 (c) City or town XXXXX Rural
(If outside city or town limits, write RURAL)
 (d) Street No. Versailles, R. R. # 4
(If rural give precinct)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME William Melvin Marion

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

Name war _____ 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 March 10, 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 20
If less than one day hr. min.

9. Birthplace Fayette Co., Ky.

10. Usual occupation none (infant) ✓

11. Industry or business _____

FATHER { 12. Name Harlan Marion
 13. Birthplace Lee Co., Ky.

MOTHER { 14. Maiden name Anna Ashcraft
 15. Birthplace Lee Co., Ky.

16(a) Informant's own signature Mrs. Harlan Marion
 (b) Address Versailles, R. R. #4

17. BURIAL, CREMATION, OR REMOVAL
 Place Hillcrest Mem. Bk., August 1, 1940

18(a) Signature of funeral director Kerr Bros.
 (b) Address Lexington, Kentucky

19(a) 8-3-40 (Date received by local registrar) (b) D.A. Furlong (Registrar's signature)

20. DATE OF DEATH July 30, 1940

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 7 a.m. M.

Immediate cause of death Suffocation--caused by bean which had lodged in throat.

Due to ACCIDENTAL DEATH 1952

Other conditions (include pregnancy 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) Accident
 (b) Date of occurrence July 30, 1940
 (c) Where did injury occur? In, or about home, on farm, in industrial place in public place? home
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature J. H. Kerr, Coroner
(M. D. or other)
 Address Lexington, Ky. Date signed 8/1/40

DELAY

N. B.—WRITE PLAINLY WITH INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.