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. 10215
Registrar's No. 11

Registration District No. 90 Primary Registration District No. 4201

N. B.—WRITE PLAINLY WITH LEDDING 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 Bourbon
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Centerville (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 Ky. (b) County Bourbon
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. Centerville (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Ann Frances Fuller
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F | 5. Color or race W | 6(a) Single, married, widowed, divorced Single
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Jan. (Month) 27 (Day) 1942 (Year)
8. AGE: Years 1 | Months 3 | Days 11 | If less than one day hr. min.
9. Birthplace Bourbon Co. Ky.
10. Usual occupation
11. Industry or business
FATHER 12. Name Alvin Fuller
13. Birthplace Fayette Co. Ky.
MOTHER 14. Maiden name Mary E. Florence
15. Birthplace Nicholas Co. Ky.
16(a) Informant's own signature Alvin Fuller.
(b) Address Paris, Ky. RFD.
17. BURIAL, CREMATION, OR REMOVAL
Place Jacksonville, Ky. Date May 10, 1943
18(a) Signature of funeral director Davis Funeral Home.
(b) Address Paris, Ky.
19(a) 5-10-43 (Date received by local registrar) (b) Lavalette R. Orr (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH May- 8- 1943
21. I hereby certify that I attended the deceased from May 3 1943 to May 8 1943, that I last saw him alive on May 8 1943, and that death occurred on the date stated above at 7- P. M.
Immediate cause of death Meningitis — DURATION
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 81A-109
Of autopsy
22. If death was due to external causes, fill in the following:
(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? (d) Means of injury
23. Signature (M. D. or other)
Address Paris Ky. Date signed 5/11/43