

Louisville Courier-Journal - May 3, 1941

**Youth Killed In Fall
Onto Electric Line**

Hindman, Ky., May 2 (P)—
Drexel Singleton, 15, was killed
Thursday when he fell from a
tree into a 2,300-volt power line
while clearing a plot of ground
for a garden at Anco, near the
Knott-Perry County line.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully sub. ed. AGE should be stated EXACTLY. F. S. C. I. A. N. S. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11 P

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

State File No. **22647**
Registrar's No. **73**

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

Registration District No. **800** Primary Registration District No. **6328**

1. PLACE OF DEATH: (a) County **Knott** (b) City or town **Rural** (c) Name of hospital or institution **Anco 14** (d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED: (a) State **Ky** (b) County **Knott** (c) City or town **Rural** (d) Street No. **R** (e) If foreign born, how long in U. S. **DELA** years

3(a) FULL NAME **Drexel Singleton**

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

4. Sex **M** Color **W** (a) Single, widowed, married, divorced (b) **Single**

5(c) Age of husband or wife if alive

6. Birth date of deceased **Mar 13 1926** (Month) (Day) (Year)

7. Birthplace **Knott Co Ky**

8. AGE: Year **15** Months Days If less than one day hr. min.

9. Usual occupation **Student**

10. Industry or business

11. Industry or business

MOTHER: (12) Name **Clay Singleton** (13) Birthplace **Knott Co Ky** (14) Maiden name **Mary Beahie** (15) Birthplace **Knott Co Ky**

FATHER: (12) Name **Clay Singleton** (13) Birthplace **Knott Co Ky**

16(a) Informant's own signature **Clay Singleton** (b) Address **Anco 14**

17. BURIAL, CREMATION, OR REMOVAL: Place **Anco 14** Date **5**

18(a) Signature of funeral director **Engle and Hahn** (b) Address **Hazard Ky**

19(a) **2-17-41** (Date received by local registrar) (b) **Phina Slone** (Registrar's signature)

20. DATE OF DEATH **5-7 1941**

21. I hereby certify that I attended the deceased from **5-7 1941** to **5-7 1941**, that I last saw him alive on **5-7 1941**, and that death occurred on the date stated above at **2 P.M.** Immediate cause of death **Electrocution** DURATION **30 min** **Body appeared very swollen** **staying in air** **Due to contact with high tension line, which was grounded on wire fence** Other conditions **none** (Include pregnancy within 3 months of death)

Major findings: Of operations **5-1941** Of autopsy **5-1941**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **Accident** (b) Date of occurrence **5-7-41** (c) Where did injury occur? In or about home, on farm, in industrial plant or in public place? **Forest Clearing** (Specify type of place) **see above** While at work? **No** (e) Month of injury **see above**

23. Signature **Tracy C. Smalley M.D.** (M. D. or other) Address **212 S. 19** Date signed **6/5/41**