

Singleton, Geraldine 1939 - 1939

Form V. B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
 Registered No. _____

21264

1. PLACE OF DEATH
 County Perry
 City Hazard
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 1170
 Primary Registration District No. 2475
 Ward Howard Hoop

2. FULL NAME Geraldine Singleton
 (a) Residence No. Ansco 14 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single Married, Widowed or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH <u>8-1-1939</u>	22. I HEREBY CERTIFY That I attended deceased from <u>July 24 1939</u> to <u>Aug 1 1939</u> I last saw him alive on <u>July 24 1939</u> death is said to have occurred on the date stated above, at <u>10:30</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Dehydration - caused</u> <u>Result of gastroenteritis</u>
6. DATE OF BIRTH				Date of onset	
7. AGE Years <u>2</u> Months <u>12</u> Days _____ If LESS than 1 day, hrs. _____ min. _____				Contributory causes of importance not related to principal cause: <u>None</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.				Name of operation <u>None</u> Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Child</u>				What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>	
10. Date deceased last worked at this occupation (month and year)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation				Manner of injury _____	
12. BIRTHPLACE <u>Krist Co. Ky.</u>				Nature of injury _____	
13. FATHER				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
15. NAME <u>Jennings Singleton</u>				(Signed) <u>H. W. Wright</u> M. D.	
14. BIRTHPLACE <u>Krist Co. Ky.</u>				(Address) <u>Hazard, Ky.</u>	
16. BIRTHPLACE <u>Krist Co. Ky.</u>					
17. INFORMANT <u>Clay Singleton</u>					
(Address) <u>Ansco 14</u>					
18. BURIAL, CREMATION, OR REMOVAL					
Place <u>Ansco 14</u> Date <u>8-2-1939</u>					
19. UNDERTAKER <u>Engle Undertaking</u>					
(Address) <u>Hazard Ky</u>					
20. FILED <u>8-21-1939</u> <u>Thirginie Cook</u> Registrar					

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.