

Singleton, Roscoe 1931 - 1944

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

Date File No. 12998
Registrar's No. _____

Form V. S. 1-A
DEPARTMENT OF HEALTH
DELAY
Registration District No. 800 Primary Registration District No. 6311

1. PLACE OF DEATH:
(a) County Knott
(b) City or town Artes (Rural)
(c) Name of hospital or institution:
(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 Knott
(c) City or town Artes (Rural)
(d) Street No. _____
(If rural give precinct) _____

3(a) FULL NAME Roscoe Singleton
3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex Male 5. Color of hair White 6(a) Single, widowed, married, divorced Wid
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years Months Days If less than one day state hr. or min. 10

9. Birthplace Ritchie, Ky
10. Usual occupation School 'tch
11. Industry or business _____

FATHER: 12. Name Clay Singleton
13. Birthplace _____

MOTHER: 14. Maiden name Mrs Ritchie
15. Birthplace _____

16(a) Informant's own signature Mrs Clay Singleton
(b) Address Ritchie, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place _____ Date 2/29 1944

18(a) Signature of funeral director Engle
(b) Address Mayfield, Ky

19(a) 3/26/45 (Date required by local registrar) (b) Paul B. Carr (Signature of registrar)

20. DATE OF DEATH Feb. 28 - 1944
21. I hereby certify that I attended the deceased from _____ to _____ 19____ and that death occurred on the date stated above on _____ 19____
Immediate cause of death killed by TRAIN
Train
fell under train
while crossing
a trestle
Other conditions (Exclude pregnancy within 9 months of death) _____
Major findings: body badly
Of operation _____
Of autopsy mangled 119

22. If death was due to natural 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 plant, in public place? _____ (Specify type of place)
While at work? _____ (a) Manner of injury _____

23. Signature J. R. Allen (b) 3/26/45 (Date signed)
Address Artes, Ky

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.