

Jones, Lennel Lee 1942 - 1942

D. Surriford

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

State File No. \_\_\_\_\_  
Registrar's 23452

Registration District No. 90 670 Primary Registration District No. 5801

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

1. PLACE OF DEATH:  
(a) County Bourbon  
(b) City or town Shawhan  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution write street number or location)  
(d) Length of stay: If 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. Reddies Mills  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Lennel Lee Jones  
3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced \_\_\_\_\_

6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased Sept 12 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bourbon Co. Ky  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

FATHER { 12. Name Oscar Jones  
13. Birthplace Ky

MOTHER { 14. Maiden name Christine Muller  
15. Birthplace Ky

16(a) Informant's own signature Oscar Jones  
(b) Address Cynthiana Ky #4

17. BURIAL, CREMATION, OR REMOVAL  
Place Battle Grove Date Nov 10 1942

18(a) Signature of funeral director Smith - Ross Co.  
H. Clay Smith # 519  
(b) Address Cynthiana Ky

19(a) Nov. 11 1942 (Date received by local registrar) Margaret Pulliam (Registrar's signature)

20. DATE OF DEATH Nov 8 1942  
21. I hereby certify that I attended the deceased from Nov 6 1942 to Nov 7 1942 that I last saw him alive on Nov 7 1942 and that death occurred on the date stated above at 1:30 A. M.  
Immediate cause of death Pneumonia DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 107  
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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. C. Surriford (M. D. or other)  
Address Cynthiana Date signed 11/11/42

portant. Exact statement of OCCUPATION is very im-