

Form V. B. 1-1-1937-8-23-37

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Lincoln File No. 20818
 Vol. Moreland Registration District No. 900 Registered No. 129
 Inc. Town _____ Primary Registration District No. 6731
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

1 FULL NAME Burgess Lawson

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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	
2 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	3 Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Write the word)	16 DATE OF DEATH <u>Sept 25</u> 19 <u>44</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 20</u> 19 <u>44</u> to <u>Sept 23</u> 19 <u>44</u> that I last saw <u>alive</u> on <u>Sept 23</u> 19 <u>44</u> and that death occurred on the date stated above at <u>2 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Asthenia Senilis</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? <u>97-1373</u>	
6 DATE OF BIRTH <u>Nov 6</u> 18 <u>77</u> (Month) (Day) (Year)			19 PLACE OF BURIAL OR REMOVAL <u>Hamford Ky</u>	DATE OF BURIAL <u>Sept 25</u> 19 <u>44</u>
7 AGE <u>66</u> yrs. <u>10</u> mos. <u>18</u> ds. IF LESS than 1 day hrs. or min?			20 UNDERTAKER <u>C. B. Brewitt</u> <u>Moreland Ky</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Foreman</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
9 BIRTHPLACE (city or town) (State or country) <u>Ky</u>			15 (Informant) <u>Edw. J. Sims</u> (Address) <u>Moreland Ky</u>	
PARENTS	10 NAME OF FATHER <u>Green Lawson</u>		15 FILED <u>Sept 25</u> 19 <u>44</u> <u>Moreland</u> Registrar	
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Va.</u>			
	12 MAIDEN NAME OF MOTHER <u>Sarah Gony</u>			
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky.</u>			

M. B.—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. See instructions on back of certificate.