

17422

Form V. S. 1-A-50m-8-17-31 COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Montgomery File No. _____
City Ms. Sterling Registration District No. 1070 Registered No. _____
Ine. Town _____ Primary Registration District No. 225
City Ms. Sterling (No. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Curtis Norman
(a) Residence. No. _____ 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>July 30</u> , 19 <u>32</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Guarita Norman</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 29</u> , 19 <u>32</u> to <u>July 30</u> , 19 <u>32</u>	
6. DATE OF BIRTH <u>January 19, 1911</u>				I last saw him alive on <u>July 20</u> , 19 <u>32</u> . Death is said to have occurred on the date listed above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Yrs. <u>21</u> Mos. <u>6</u> Days <u>11</u> If LESS than 1 day _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			Date of onset <u>_____</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Contributory causes of importance not related to principal cause: <u>Shotgun wounds</u>	
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE <u>Rowan County, Ky</u>					
13. NAME <u>Creed Norman</u>					
14. BIRTHPLACE <u>Lee County, Ky</u>					
15. MAIDEN NAME <u>Maud Randall</u>					
16. BIRTHPLACE <u>Bourbon Co., Ky</u>					
17. INFORMANT <u>Creed Norman</u> (Address) <u>Farmers, Ky</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>James Carr</u> Date <u>Aug 3</u> , 19 <u>32</u>					
19. UNDERTAKER <u>Barnes + Harshman</u> (Address) <u>East Lick, Ky</u>					
20. FILED <u>J-3</u> , 19 <u>32</u> (In <u>Ms. Sterling</u>)					
				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? <u>East Lick, Ky</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____	
				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>[Signature]</u> M. D. (Address) <u>Ms. Sterling, Ky</u>	

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. The instructions on back of certificate.