

Perkins, Ernest Ray 1896 - 1933

N. B. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

RESERVED FOR BIRTHING

Form V. S. 1-A-50m-1-12-31
COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Harrison
 Vet. Pat. Broadwell
 Inc. Town _____
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Ernest Ray Perkins
 (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.

File No. 1214
 Registered No. _____
 Registration District No. 672
 Primary Registration District No. 3589

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>Jan 22</u> , 19 <u>33</u>	
6a. If married, widowed, or divorced (or) WIFE of <u>Stella May Sears Perkins</u>					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
6. DATE OF BIRTH <u>May 6 1896</u>					I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE		Year	Months	Days	If LESS than 1 day	Date of onset
		<u>36</u>	<u>8</u>	<u>12</u>	or _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</u>					Shot Gun wound in head (Suicide) 11/7	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Insur.</u>						
10. Date deceased last worked at this occupation (month and year) _____					Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation _____					Name of operation _____ Date of _____	
12. BIRTHPLACE <u>Scott Co Ky</u>					What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
13. NAME <u>Ernest Perkins</u>					23. If death was due to external causes (violence) fill in also the following: Accident, (suicide) or homicide? _____ date of injury <u>Jan 22 1933</u>	
14. BIRTHPLACE <u>Campbell Co Ky</u>					Where did injury occur? <u>County</u> (Specify city or yrs, county, and State)	
15. MAIDEN NAME <u>Anna Haugler</u>					Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE <u>Ky</u>					Manner of injury _____	
17. INFORMANT <u>Ernest Perkins</u>					Nature of injury _____	
(Address) <u>Cynthiana Ky</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
18. BURIAL, CREMATION, or REMOVAL Place <u>Cynthiana Ky</u> Date <u>Jan 22 1933</u>					Signed <u>David R. Rees</u> Registrar	
19. UNDERTAKER <u>Smith-Reis Co</u>					Address <u>Cynthiana Ky</u>	
(Address) <u>Cynthiana Ky</u>					5/17/33	
20. FILED <u>Feb 7 1933</u> M. H. C. Blount Registrar					3/5	