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Form V. S. 1-A-32m-11-1-32
COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Grant Registration District No. 5279 File No. _____
 Vol. Pos. Crossroads Primary Registration District No. _____ Registered No. 1
 Inc. Crossroads (No. _____ St. _____ Ward _____)
 City Crossroads (If death occurred in a hospital or institution, give its NAME instead of street and number)

DECEASED'S FULL NAME Samuel Hicks

(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. New born in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (Use the word) <u>Married</u>	21. DATE OF DEATH (month, day, and year) <u>Jan 7, 1931</u>	22. I HEREBY CERTIFY That I attended deceased from <u>Dec 26, 1930</u> to <u>Jan 7, 1931</u>	
6. W. Married, Widowed, or Divorced HUSBAND or (or) WIFE of <u>Agnes Hicks</u>	8. DATE OF BIRTH (month, day, and year) <u>1882</u>	7. AGE Years <u>48</u> Months <u>3</u> Days <u>27</u> If LESS than 1 day hrs. _____ min. _____	I last saw him alive on <u>Jan 6, 1931</u> at <u>10:30</u> a.m. death is held to have occurred on the date stated above, at <u>2:30</u> p.m.		
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	The principal cause of death and related causes of importance in order of onset were as follows: <u>Chronic Indistinctly defined</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Paris, Ky</u>	13. NAME <u>William Hicks</u>	14. BIRTHPLACE (city or town) (State or country) <u>Ky</u>	Contributory causes of importance not related to principal cause: <u>Alcohol</u>		
15. MAIDEN NAME <u>Betty Johnson</u>	16. BIRTHPLACE (city or town) (State or country) <u>Paris, Ky</u>	17. INFORMANT <u>John A. Johnson</u>	Name of operation _____ Date of _____		
18. BIRTHPLACE (city or town) (State or country) <u>Paris, Ky</u>	19. INFORMANT (Address) <u>Paris, Ky</u>	20. BURIAL, CREMATION, OR REMOVAL Place <u>Hall's Chapel</u> Date <u>Jan 9, 1931</u>	What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>		
21. UNDERTAKER (Address) <u>Paris, Ky</u>	22. FILED <u>Jan 7, 1931</u> <u>Grant</u> Registrar		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ Where did injury occur? (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? <u>No</u> If so, specify _____ (Signed) <u>John A. Johnson</u> M. D. (Address) <u>Paris, Ky</u>		

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully copied. 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.