

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10236

1. PLACE OF DEATH

County Nelson
Vot. Prec. Trappist Ky.
Ino. Town New Hope Ky.
City _____

Registration District No. 1100
Primary Registration District No. 6863

File no. _____
Registered No. _____

2. FULL NAME Milborn A. Boone IF VETERAN, WHAT WAR? _____

(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

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married
6. DATE OF BIRTH Nov. 13 - 1882
7. AGE Years 55 Months 5 Days 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 to _____, 1938.
I last saw deceased alive on April 12, 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Parasomnia
46
Contributory causes of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE New Haven Ky.
13. NAME Miles Boone
14. BIRTHPLACE Nelson Co Ky.
15. MAIDEN NAME Rosean Peake
16. BIRTHPLACE Nelson Co Ky.
17. INFORMANT Andrew Boone
(Address) New Haven, Route 1
18. BURIAL, CREMATION, OR REMOVAL
Place New Haven Date April 18, 1938
19. UNDERTAKER G. J. Drake
(Address) New Haven Ky.
20. FILED _____, 1938

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 1938
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? _____ If so, specify _____
(Signed) J. S. Presnell
(Address) New Haven Ky.

MARGIN RESERVED FOR BINDING
FADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Entries 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.