

Amended 8-22-79 RB

DELAY

COMMONWEALTH OF KENTUCKY

Issue 57th No. **26578**
Registrar's No. _____Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1103 Primary Registration District No. 7531

1. PLACE OF DEATH:

(a) County Melson

(b) City or town New Haven
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution: _____

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Melson

(c) City or town Melb Haven
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mrs Victoria DeSpain3(b) If veteran, Name war _____
3(c) Social Security No. _____4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Remarried6(b) Name of husband or wife Henry DeSpain6(c) Age of husband or wife if alive Deceased Years _____7. Birth date of deceased Oct 16 1864
(Month) (Day) (Year)8. AGE: Years 84 Months 1 Days 12 If less than one day hr. _____ min. _____9. Birthplace Melson Co. Kentucky10. Usual occupation Housewife

11. Industry or business _____

12. Name Park Campbell13. Birthplace Melson Co. Kentucky14. Maiden name Margaret Ann Nevitt15. Birthplace Melson Co. Kentucky16(a) Informant's own signature Mrs

(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL

Place New Haven Ky Date 194818(a) Signature of funeral director Rich Gummell(b) Address New Haven Ky19(a) Dec 31 1948 (Date received by local registrar)(b) Mrs B. Gummell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 194821. I hereby certify that I attended the deceased from Nov 28 1948 to Mar 28 1948 that I last saw him alive on Mar 24 1948 and that death occurred on the date stated above at 1 P M.Immediate cause of death Chronic Endocarditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 925

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edw W Meade (M. D. or other)Address New Haven Date signed 12/16/48

MARGIN RESERVED FOR BINDING

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.