

12545

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

File This No.

Register's No.

204

Form T. R. 1-1

DEPARTMENT OF MODIFIED
 Bureau of the Census

Registration District No.

60

Primary Registration District No.

2030

1. PLACE OF DEATH:

(a) County Bell
 (b) City or town Middlesboro
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: Middlesboro Hospital
(If not in hospital or institution write street, number, or location)
 (d) Length of stay: In hospital or convalescent 1
(Specify month or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (a) County Bell
 (b) City or town Middlesboro
(If outside city or town limits, write RURAL)
 (c) Street, Etc. _____
(If rural give postoffice)
 (d) If foreign born, how long in U. S. A.T. _____

3(a) FULL NAME Nelson Casson

(b) If widow, _____ (b) Social Security
 Number: _____

4. Sex M 5. Color of hair White 6(a) Single, widowed, married,
 divorced married

6(b) Name of husband or wife Maxie Osborne6(c) Age of husband or wife if alive 32 Years7. Date of death July 26 1947
(Month) (Day) (Year)8. Age: Years 45 Months 10 Days 21
(If less than one year)9. Birthplace Kentucky10. Usual occupation Accountant11. Locality or business Bank12. Name William Casson13. Birthplace Clay Co. Ky.14. Maiden name Mary Bluepat15. Birthplace Clay Co. Ky.16(a) Informant's own signature Mrs Nelson Casson(b) Address Middlesboro Ky.

17. BURNING, CREMATION, OR RECOVERY

Place Page Ky. Date 6-18-4318(a) Signature of funeral director Robert Casson(b) Address Middlesboro Ky.19(a) Date 6/30/47 (b) Helen's Heart
(Date received for local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH June 16 194324. I hereby certify that I attended the deceased from June 8 1943
 to June 16 1943 that I am not his attorneyand that death occurred on the date
 stated above at 2:00 P.M.Immediate cause of death Heart BlockDue to Chronic Myocarditis

Other conditions _____

(Exclude pregnancy within 3 months of death)Major findings 730 - 954

Of operation _____

Of autopsy _____

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

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

(c) Date of occurrence _____

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

Write at word _____ (e) Nature of injury _____

26. Signature R. J. Alford, M.D.
(M.D. or D.O.)Address Middlesboro Ky. Date signed 6/26/47

MARGIN RESERVED FOR BINDING.

N. B.—WRITE PLAINLY WITH **ERASABLE INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. P. SECANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.