

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

Area File No. **20523**
Death's No. **350**

Form T. R. 1-1
DEPARTMENT OF COMMERCE
Division of the Census

Registration District No. **9351** Precinct, Health Unit or District No. **2360**

1. PLACE OF DEATH
(a) County **McCracken.**
(b) City or town **Paducah, Ky.**
(c) Name of hospital or institution
Residence.
(d) Length of stay in hospital or community

2. USUAL RESIDENCE OF DECEASED:
(a) State **Ky.** (b) County **McCracken.**
(c) City or town **Paducah, Ky.**
(d) Street No. **141 Clements St.**
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME **Benjamin Coon Freeman.**

3(b) If veteran, (1) Social Security Name **No.**

4. Sex **M.** (b) Color **White** (c) Single, widowed, married, divorced **Widowed.**

5(b) Name of husband or wife **Widowed.**

5(c) Age of husband or wife if alive **Years**

6. Date of deceased **November 10th, 1853.**

8. AGE: Years **87** Months **9** Days **10** If less than one day

9. Birthplace **Lyon County, Ky.**

10. Usual occupation **Carpenter - Retired.**

11. Industry or business

FATHER (2) Name **Unknown.**

(3) Birthplace **" "**

MOTHER (4) Maiden name **Unknown.**

(5) Birthplace **" "**

11(a) Informant's own signature **Mrs. C.R. Thompson.**

(b) Address **Paducah, Ky.**

12. BURIAL, CREMATION, OR REMOVAL Place **Mt. Kenton Cem.** Date **Aug. 21st '41**

11(a) Signature of funeral director **Charles A. Lindsey.**

(b) Address **Paducah, Ky.**

11(a) **8-26-41** (Date received by local registrar)

Mary Ho Sowell (Registrar's signature)

MEDICAL CERTIFICATION
13. DATE OF DEATH **August 20th, 1941**

14. I hereby certify that I attended the deceased from **8-1** to **8-20**, that I last saw him alive on **8-20** and that death occurred on the date stated above at **6 A. M.**

Immediate cause of death **Cerebral Hemorrhage**

Due to **Arteriosclerotic Heart Disease**

Other condition (include pregnancy within 3 months of death)

Major findings: (1) operation **None** (2) autopsy **Ky**

15. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place or in public place? **None** (Specify type of place)

16. Will of work? (a) Means of injury

17. (a) Name **Leslie H. Lyndon** (b) Date signed **8/20/41**

17. (a) Name **Paducah** (b) Date signed **8/20/41**

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