

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

State File No. 19096
Registration No. 172

Registration District No. 655

Physician Registration Number No. 2232

1. PLACE OF DEATH: Harlan
(a) County Harlan
(b) City or town Harlan
(c) Name of hospital or institution _____
(d) If not in hospital or institution with street number or location:
Length of stay in hospital or community (years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Harlan
(c) City or town Harlan
(d) Street No. _____
(e) If foreign born, DELA

3(a) FULL NAME Charles G. Freeman
3(b) If veteran, _____ 3(c) Social Security _____
Name sex _____ No. _____
5. Sex M 6. Color White 7(a) Single, married, divorced _____

8(b) Name of husband or wife _____
9(c) Age of husband or wife if alive _____ years
8. Birth date of deceased Aug 3 1880
(Month) (Day) (Year)

9. AGE 59 Years Months 10 Days 7
10. Birthplace Ky
11. Usual occupation Miner
12. Industry or business _____

13. Name J. B. Freeman
14. Birthplace Ky
15. Maiden name _____
16. Birthplace _____

17(a) Informant's own relation Wife Freeman
(b) Address Smith Ky
18. BURIAL, CREMATION, OR REMOVAL
Place Restlawn Date June 11 1940

19(a) Signature of funeral director J. D. Mossy
(b) Address Harlan
20. Signature E. Smith (M. D. or other)
Address Harlan Ky Date signed 8-23-40

20. DATE OF DEATH June 10 1940
21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him alive on _____ and that death occurred on the date stated above at 9:45 A.M.
Immediate cause of death Natural Causes

Other conditions _____
Major findings:
Of operations _____
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 or public place? _____
(Specify type of place)

23. Will: at work? _____ (a) Means of injury _____
24. Signature E. Smith (M. D. or other)
Address Harlan Ky Date signed 8-23-40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH GULPING 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.