

Form No. 1, 1944
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Declarant's No. 33940

Declarant's District No. 75B

Declarant's Precinct District No. _____

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Louisville
(c) Name of hospital or institution
112 Bancroft St
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution
(Specify, report or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Jefferson
(c) City or town Louisville, Ky
(If outside city or town limits, write RURAL)
(d) Street No. 713 Bancroft St
(If rural give precinct)
(e) If foreign born, how long in U. S. & I. _____ years

3(a) FULL NAME George Goldsberry
(b) If female, _____ (c) Social Security No. _____
Name and No. None
4. Sex Male (a) Color Caucasian (b) Single, widowed, married, divorced Widowed
5(a) Name of husband or wife _____
(b) Age of husband or wife if alive _____ years
7. Birth date of deceased March 25
(Month) (Day) (Year)

8. MEDICAL CERTIFICATION
9. DATE OF DEATH July 11 1944
10. I hereby certify that I attended the deceased from July 7, 1944
to July 11, 1944 and that death occurred on the date stated above at 8:20 P.M.

6. AGE: Years 66 Months _____ Days _____
If less than one day, hr. _____ min. _____
9. Birthplace Madison Co. Ky
10. Usual occupation None
11. Industry or business _____

Immediate cause of death _____ DURATION _____
Lobar Pneumonia 4 days
Due to _____
Other conditions _____
(Exclude pregnancy within 3 months of death)

FATHER: 12. Name Unknown
13. Birthplace Unknown
MOTHER: 14. Maiden name Sarah Goldsberry
15. Birthplace Madison Co. Ky

Major findings:
Of operation 108
Of autopsy _____

16(a) Informant's own signature Albert G. G. G.
(b) Address 301 E. 1st St. Louisville
17. BURIAL, CREMATION, OR REMOVAL
Place Eastern Cemetery Date July 14, 1944
18(a) Registrar of funeral director W. H. Ferguson
(b) Address Louisville, Ky
19(a) JUL 1 3 1944 (b) W. H. Ferguson
(Date received by local registrar) (Registrar's Signature)

19. 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 plant, in public place)? _____
(Specify type of place)
While at work _____ (d) Was it injury _____
20. Signature W. H. Ferguson (M. D. or other)
Address 713 8th Street Date signed 7/13/44

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.