Registrar of Vital Statistics
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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

1631786

Dr Frailey

Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

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

State File No. ~~8658~~ 8786
Registrar's No. 2013 Stephens

Registration District No. 10 21 Primary Registration District No. 2046

1. PLACE OF DEATH a. COUNTY: Boyd	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Kentucky b. COUNTY: Boyd
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashland
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence	d. STREET ADDRESS (If rural, give location): 1314 - Kimbler St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	S	Kimbler	May 13 - 49

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Male	White	Married	4/4/76	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Minister		East Fork Ky.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Green Kimbler	Martha Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Edith Kimbler (wife)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertention	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Kidney Infection	6 Mos
	DUE TO (c) Senility	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	6002 - 133B	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nove, 1948, to May 13, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 9:20 am from the causes and on the date stated above.

23a. DATE SIGNED	23b. ADDRESS	23c. SIGNATURE (Degree or title)
5/20/49	Ashland Ky.	B. B. Frailey M. D.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREAMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/14/49	Kimbler Family Cem	Ashland Ky.

25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
5/23/49	Mrs O. Green	John Green

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Gary L. Kupchinsky, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 20th day of December, 20 06.

LAE

Gary L. Kupchinsky, State Registrar