

Registrar of Vital Statistics

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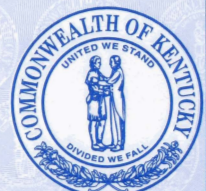
Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

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

Registration District No. 102 Primary Registration District No. 2046

Dr. Frailey
State File No. 86588
Registrar's No. 2013 Stephens

1. PLACE OF DEATH a. COUNTY <u>Boyd</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Boyd</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ashland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ashland</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>1314 - Kimbler St.</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>S.</u> c. (Last) <u>Kimbler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 - 49</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4/4/76</u> 9. AGE (In years, If Under 1 Year If Under 24 Hrs. last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>		11. PLACE OF BIRTH (State or foreign country) <u>East Fork Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Green Kimbler</u>	
14. MOTHER'S MAIDEN NAME <u>Martha Collins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. <u>6002 - 133B</u>		17. INFORMANT <u>Mrs. Edith Kimbler (Wife)</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney Infection</u> DUE TO (c) <u>Serulicity</u> 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		INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo's</u> 20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 1948</u> to <u>May 13 1949</u> , that I last saw the deceased alive on <u>May 13 1949</u> , and that death occurred at <u>9:00 PM</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>5/20/49</u>		23b. ADDRESS <u>Ashland Ky.</u>	
23c. SIGNATURE <u>H. B. Frailey</u> (Degree or title) <u>M. D.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kimbler Family Bur.</u>	
24d. LOCATION (City, town, or county) (State) <u>Ashland Ky.</u>		25a. DATE REC'D BY <u>5/23/49</u>	
25b. REGISTRAR'S SIGNATURE <u>Mrs. Stephens</u>		26. FUNERAL DIRECTOR <u>John Green</u> ADDRESS	



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 20 day of December, 2006.

Gary L. Kupchinsky, State Registrar