

Form V. S. 1-A-36m-4-17-31

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19129

File No. _____
Registered No. 3088

PLACE OF DEATH
County Jefferson
Reg. Dist. No. 152
Vot. Dist. _____
Ino. Town _____
Primary Registration District No. 247
City Louisville (If death occurred in a hospital or institution, give its NAME instead of street and number) St. Mary & Elizabeth Hosp.
Ward _____
2. FULL NAME Selden Collins
(a) Residence, No. Coral Ridge Ave. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH January 27, 1886
7. AGE Yrs. Mos. Days If LESS than 1 day hrs. or min. 46 6 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Patelluan
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE Jefferson County, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 20th, 1932
22. I HEREBY CERTIFY, that I attended deceased from _____, 19____ to _____, 19____
I last saw h. alive on _____, 19____ death is said to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Compound fractures lower left leg. Internal injuries and shock.
Auto accident struck by auto on West Patterson Ave. left
Contributory causes of importance not related to principal cause:
Co. Ky 8-22-32

OCCUPATION

MOTHER FATHER

13. NAME Richard Collins
14. BIRTHPLACE Virginia
15. MAIDEN NAME Georgia Ann McCumey
16. BIRTHPLACE Jefferson County, Ky.
17. INFORMANT Phyllis Currell
(Address) Coral Ridge, Ky.
18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery, Louisville, Ky. 8/21/32
19. UNDERTAKER W. H. Stewart & Son
(Address) City
20. FILED AUG 25 1932
Registrar

Name of operation Lapar Date of 8-22-32
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury 8-18-32
Where did injury occur? Co. Ky
(Specify city or town, county, and State)
Specify whether injury occurred in industry, at home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? Yes
Rock E. Bentley, Coroner
Joseph B. Beck, Deputy, S. D.
(Address) Army Bldg.

MARGIN RESERVED FOR BINDING
EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.
PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.
N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. USE SHOULD BE CAREFULLY SUPPLIED. PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.