

COMMONWEALTH OF KENTUCKY
 State Department of Health, Louisville, Ky. ♦ BUREAU OF VITAL STATISTICS

NO. 619
CERTIFIED PHOTOSTATIC COPY OF
DEATH RECORD

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

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

State File No. 114
 Registrar's No. 2278

Registration District No. 25 Primary Registration District No. 2278

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Louisville
 (c) Name of hospital or institution 3416 Pflanz Ave. Residence
 (d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County Jefferson
 (c) City or town Louisville
 (d) Street No. 3416 Pflanz Ave
 (e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Charles I. ELVIN
 3(b) If veteran, Name war No 3(c) Social Security No. no
 4. Sex Male 5. Color or race white 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife deceased
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased April 9th 1890
 (Month) (Day) (Year)
 8. AGE: Years 55 Months 9 Days 0 If less than one day hr. min.
 9. Birthplace Huntington, Indiana
 10. Usual occupation Retired Clerk
 11. Industry or business I. C. R. R. Co.

FATHER
 12. Name _____
 13. Birthplace _____
 MOTHER
 14. Maiden name _____
 15. Birthplace _____

16(a) Informant's own signature Dorothy Dugan
 (b) Address 3416 Pflanz Ave.
 17. BURIAL, CREMATION, OR REMOVAL
 Place Memphis, Tennessee Date 1-9-1946
 18(a) Signature of funeral director Green Funeral Home
 (b) Address 2611 Virginia Avenue
 19(a) JAN 17 1946 (Date received by local registrar)
 (b) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH January 9th, 1946
 21. I hereby certify that I attended the deceased from Jan 5th 1946 to Jan 9th 1946 that I last saw him alive on Jan 9th 1946 and that death occurred on the date stated above at 10:45 A: M.
 Immediate cause of death Organic heart disease DURATION _____
 Due to same
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
 While at work? _____ (c) Means of injury _____
 23. Signature J. F. Blackerby (M. D. or other)
 Address 2138 Postlman Date signed 1/16/46

I, J. F. Blackerby, State Registrar, hereby certify that the above is a true photostatic copy of the original death certificate of the person therein named.

Given under my hand and seal of the State Board of Health, this 28th day of January, 1946.

J. F. Blackerby
 J. F. Blackerby, State Registrar