

Form V. R. 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. **1295**
Registrar's No. **112**

Registration District No. **670** Primary Registration District No. **2245**

1. PLACE OF DEATH:
(a) County **Hart**
(b) City or town **Murphysville, KY**
(c) Name of hospital or institution
(d) Length of stay in hospital or institution (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
State **KY** County **Hart**
City or town **Murphysville**
Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.?

3. FULL NAME **George Garland Hubbard**
31(a) If veteran, Name and No. _____
31(b) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6(a) Single, widowed, married, divorced **MC**

6(b) Name of husband or wife **Nancy Hubbard**
6(c) Age of husband or wife _____ years
7. Birth date of deceased **May 17 1877** (Month) (Day) (Year)

8. AGE: **72** Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace **Ky**
10. Usual occupation **Farmer**
11. Industry or business _____

12. Name **George Garland Hubbard**
13. Birthplace **Ky**
14. Birth date **May 17 1877**
15. Birthplace **Ky**

16(a) Informant's own signature **Jack Hubbard**
(b) Address **Murphysville, Ky**
17. BURIAL, CREMATION, OR REMOVAL
Place **Murphysville** Date **12-19 1943**
18(a) Signature of funeral director **Wm. A. ...**
(b) Address **Murphysville, Ky**
19(a) **1-20-44** (Date received by local registrar) (b) **W. L. ...** (Registrar's signature)

20. DATE OF DEATH **Dec. 18 1943**
21. I hereby certify that I attended the deceased from **1939** to **Dec. 18 1943** that I last saw him alive on **12-18 1943** and that death occurred on the date stated above at **12:00** A. M.
Immediate cause of death **Basilar Meningeal** DURATION _____
Due to **Carcinoma of stomach**
Other conditions (include pregnancy within 5 months of death) _____
Major findings: _____
Of operation **4610-118**
Of autopsy _____

22. 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 place, in public place? _____ (Specify type of place)
While at work? _____ (c) Nature of injury _____

23. Signature **D. E. Updegraff, M. D.** (L. D. or other)
Date signed **1-20-44**

MARGIN RESERVED FOR BINDING.
 THIS IS A PERMANENT RECORD. Every item of information should be recorded EXACTLY AS REPORTED BY PHYSICIANS CAUSE OF DEATH IN plain terms, so that it may be properly classified.