

1. PLACE OF DEATH a. COUNTY <u>Todd</u>		2. USUAL RESIDENCE (Where deceased lived, if institution or prison before admission) a. STATE <u>Ky</u> b. COUNTY <u>Todd</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkton R#1</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkton R#1</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>George Washington</u> (Type or Print)		b. (Middle) <u>Allen</u> c. (Last)	
4. DATE OF DEATH (Month) / (Day) / (Year) <u>Nov 24 - 54</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>Jan 1 - 1875</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>11</u>	
11. BIRTHPLACE (State or foreign country) <u>Grayson Co Ky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
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. <u>None</u>	
17. INFORMANT <u>Mrs Lav Belle Allen</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary of liver</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, anesthetic, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810-105-28</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>54</u> , to <u>Nov</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>24 Nov</u> , 19 <u>54</u> , and that death occurred at <u>12 Noon</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>30 Nov 54</u>		23b. ADDRESS <u>Elkton Ky</u>	
23c. SIGNATURE (Degree or title) <u>Malcolm D Lynn MD</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairmont</u>		24d. LOCATION (City, town, or county) (State) <u>Central City Ky</u>	
25a. DATE REC'D BY LOCAL REG. <u>2-15-54</u>		25b. REGISTRAR'S SIGNATURE <u>James M. Lawrence</u>	
25c. FUNERAL DIRECTOR <u>Tracy Funeral Home</u>		ADDRESS <u>Central City Ky</u>	