

27586

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS

Registrar's No. 344

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlenberg</u>	(a) State <u>Ky</u>	(b) County <u>Muhlenberg</u>	(b) City or town <u>Central City</u>
(b) City or town <u>Breechville</u>	(c) City or town _____	(c) City or town _____	(c) City or town _____
(c) Name of hospital or institution: <u>Muhlenberg Co. Hospital</u>	(If outside city or town limits, write RURAL)		
(d) Length of stay: _____	(d) Street No. <u>R # 2</u>	(If rural give precinct)	
(years, months or days)	(e) If foreign born, how long in U. S. A.? _____ year		

3(a) FULL NAME Sallie Elizabeth Allen

3(b) If veteran, _____ 3(c) Social Security No. _____

Name was Female 5. Color of hair White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife G. W. Allen

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Nov 8 - 1863

8. AGE: 84 Years 7 Months 1 Day _____ If less than one day hr. _____ min.

9. Birthplace Ohio Co. Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Isaac Cummings

13. Birthplace Ky.

MOTHER { 14. Maiden name Malinda Calloway

15. Birthplace Ky.

16(a) Informant's own signature G. W. Allen

(b) Address Central City, Ky R #

17. BURIAL, CREMATION, OR REMOVAL
Place Fairmont Date 12-10-1947

18(a) Signature of funeral director W. W. ...

(b) Address Central City, Ky

19(a) 12-18-1947 (Date received by local registrar) (b) W. W. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1947

21. I hereby certify that I attended the deceased from 10/22 1947

to Dec. 9 1947 that I last saw him alive on Dec. 8 1947 and that death occurred on the date stated above at 4 A M.

Immediate cause of death Prob. Pulmonary Embolism

Due to embolization generalized arteriosclerosis

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) _____

(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? _____ (e) Means of injury _____

23. Signature W. W. ...

(M. D. or other) _____

Address Central City Date signed 12/10/47

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.