

COMMONWEALTH OF KENTUCKY

State File No. 28922
Registrar's No. 381

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH:

- (a) County Muhlenberg
(b) City or town Russell
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kentucky (b) County Muhlenberg
(c) City or town Russell
(If outside city or town limits, write RURAL)
(d) Street No. North Baggeer
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mary Vitely Antle3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____4. Sex F 5. Color or race w 6(a) Single, widowed, married,
divorced wife

6(b) Name of husband or wife _____

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

7. Birth date of deceased Aug 22, 1874
(Month) (Day) (Year)8. AGE: Years 66 Months 2 Day: 24 if less than one day
hr. min.

9. Birthplace _____

10. Usual occupation _____

11. Industry or business _____

12. Name John Everts13. Birthplace Tenn14. Maiden name Janie Vincent15. Birthplace Ky16(a) Informant's own signature Minnie Wright(b) Address Greenville Ky RFD

17. BURIAL, CREMATION, OR REMOVAL

Place Vincent Date 11-16, 194018(a) Signature of funeral director Greenwell Funeral Home(b) Address Greenville, Kentucky19(a) 11-16-40 (Date received by local registrar) (b) Jane Pickens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 194021. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw h. alive on_____ 19____, and that death occurred on the date
stated above at 12-10 AM.

Immediate cause of death

Cancer of the colon

DURATION

Due to _____

Other conditions Somewhat
(Include pregnancy within 3 months of death)

Major findings:

Of operations noOf autopsy no

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 832323. Signature G Simpson (M. D. or other)Address Greenville Ky Date signed 11-16-40

MARGIN RESERVED FOR BINDING

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.