

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

Registrar's No. 222

## CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville (Rural)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R. 3 Box 228</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Bard</u> c. (Last) <u>Bard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1950</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 26, 1875</u>	9. AGE (In years last birthday) <u>75</u>	If Under 1 Year If Under 24 Hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Industry</u>		11. BIRTHPLACE (State or foreign country) <u>Depoy, Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Rittie Ann Bard</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Lillie Bard.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>		<u>several yrs</u>
	DUE TO (c) <u>Senility</u>		<u>several yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>STX - 100-21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug 1, 1950, to Sept 8, 1950, that I last saw the deceased alive on Sept 3, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>9/9/50</u>	23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE (Degree or title) <u>Camellion M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rhodes Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>Near Greenville, Ky.</u>	25a. DATE REC'D BY LOCAL REG. <u>9/9/50</u>	25b. REGISTRAR'S SIGNATURE <u>Ms. Marguerite Adgen Smith's funeral home</u>
25c. FUNERAL DIRECTOR ADDRESS <u>Franklin, Ky.</u>		