

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 59-20179

REGISTRAR'S NO. 179

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write street and give location) <u>Charlestown Ky</u>		c. CITY <u>Charlestown</u> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>RFD</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Thomas E. Bradner</u>		4. DATE OF DEATH <u>Sept 18, 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 16, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JO</u>	
11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Thomas Bradner</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Bradner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Thos Bradner</u>			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. <u>Due to (b) Prostatism, uremia + general debilitation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) <u>Severe Arteriosclerosis (Amputation L. foot Jan 1959)</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>at</u> <u>1959</u> to <u>Death</u> , that I last saw the deceased alive on <u>Sept 9, 1959</u> and that death occurred at <u>12:00 PM</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>9/21/59</u>	23b. ADDRESS <u>Greenville Ky</u>	23c. SIGNATURE <u>C. F. Hays</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9/20</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>Mariah</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>9-22-59</u>	25b. REGISTRAR'S SIGNATURE <u>Margorie Hedge</u>	25c. FUNERAL DIRECTOR <u>Shirley's Funeral Dir</u> ADDRESS <u>Greenville Ky.</u>	

MEDICAL CERTIFICATION