

24697

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICSRegistrar's No. 298

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Greenwell
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
Muhlenberg Co. Community Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community 2
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Livingston

(c) City or town Grand River
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mable Bessie Benbery3(b) If veteran, _____ 3(c) Social Security No. 2
Name war _____4. Sex Female 5. Color or race Caucas 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Newton Benbery

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

7. Birth date of deceased Oct 25 1932
(Month) (Day) (Year)8. AGE: 24 Years Months 12 Days _____
If less than one day hr. _____ min.9. Birthplace Grand River Ky

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Hollis Bessell13. Birthplace Grand River KyMOTHER 14. Maiden name Bessie Lathen15. Birthplace Grand River Ky16(a) Informant's own signature Bessie Benbery(b) Address Charland Ohio

17. BURIAL, CREMATION, OR REMOVAL

Place Grand River Ky Date 11/9 194618(a) Signature of funeral director Luigie Stalsett(b) Address Greenwell Ky19(a) 11-8-46 (Date received by local registrar)(b) Mrs. Margie Hald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 194621. I hereby certify that I attended the deceased from Nov 4 1946
to Nov 6 1946 that I last saw him alive on Nov 5 1946 and that death occurred on the date stated above at 9:00 a. m.Immediate cause of death Status epilepticus DURATION 90 MC.

Due to _____

Other conditions Bronchopneumonia
(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 A. P. Brockman, M.D. (M. D. of county)Address Greenwell Ky Date signed 11-9-46

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.