

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Enroute to Hospital		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bremen Rt. 1		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Muhl. Comm. Hosp.			d. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Nell c. (Last) Bowles			4. DATE OF DEATH (Month) (Day) (Year) 11/11/64		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <del>Never Married</del> Married	8. DATE OF BIRTH 11/31/1926	9. AGE (In years last birthday) 38	If Under 1 Year: Months Days If Under 14 Days: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Virgle Jones			14. MOTHER'S MAIDEN NAME Daisy Tucker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Virgle Jones			
18. CAUSE OF DEATH MEDICAL CERTIFICATION PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Loss of Blood					INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	981X	DUE TO (b) Shotgun wound Right Shoulder			
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Shot with a 12 ga. shotgun in entrance				
21b. TIME OF INJURY Hour Month, Day, Year 11-11-64	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) yard of home 21e. CITY, TOWN, OR LOCATION COUNTY STATE B. I. Bremen Muhl 1 Ky				
22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on 19 and that death occurred at 11 P. M., from the causes and on the date stated above.					
23a. DATE SIGNED 11-12-64		23b. ADDRESS Central City Ky		23c. SIGNATURE (Degree or title) M. V. Foster Coroner	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/14/64	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.		
25a. DATE REC'D BY LOCAL REG. 11-16-64	25b. REGISTRAR'S SIGNATURE (Ruby Ellis)		25c. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky		