

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg County			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg Co. <small>(Where deceased lived. If institution residence before admission.)</small>		
b. CITY (If outside corporate limits, write RURAL and give township) Orahan, Kentucky		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Central City, Ky.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <small>(If not in hospital or institution, give street address or location)</small>			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED <small>(Type or Print)</small> a. (First) Theodore b. (Middle) Cleatus c. (Last) Briles			4. DATE OF DEATH November 7, 1956 <small>(Month) (Day) (Year)</small>		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED divorced	8. DATE OF BIRTH March 11, 1911		9. AGE (in years) 45 <small>If Under 1 Year: Months Days Hours Min.</small>
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if Coal Miner)		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Muhlenberg Co.-Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME A.C. Briles			14. MOTHER'S MAIDEN NAME Nellie Arnett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Mary B. Johnston		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Crushed Skull			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9102-147-31			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20. ACCIDENT <input checked="" 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.) Falling job crushed his head.		
21b. TIME OF INJURY 1:00 p. m.	Hour Month, Day, Year 11-7-56	21c. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> in coal mine			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) in coal mine		21e. CITY, TOWN, OR LOCATION Orahan	COUNTY Muh	STATE 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 1 P. m., from the causes and on the date stated above.					
23a. DATE SIGNED 11-7-56		23b. ADDRESS Central City Ky		23c. SIGNATURE M. V. Toste <small>(Signature or title)</small> Coroner	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1956	24c. NAME OF CEMETERY OR CHURCH Corley Chapel Cemetery-Muhlenberg Co., Kentucky		24d. LOCATION (City, town, or county) (State) Greenville, Ky.	
25a. DATE REC'D BY LOCAL REG. 11-8-56	25b. REGISTRAR'S SIGNATURE Maryje Hodge		26. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home-Greenville, Ky.		