

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 6006Registrar's No. 92

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Mullensburg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Mullensburg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		d. STREET ADDRESS (If rural, give location) <u>East main Cross</u>
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Leontine Mullensburg County</u>			d. STREET ADDRESS (If rural, give location) <u>East main Cross</u>		
3. NAME OF DECEASED a. (First) <u>Leontine</u> b. (Middle) <u>Brooks-</u> c. (Last) <u>Brooks-</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7, 1877</u>	9. AGE (In years last birthday) <u>71</u>	If Under 1 Year Months <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>J. C. Kelly</u>			14. MOTHER'S MAIDEN NAME <u>Jean Hunsan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>442X-131A</u>	17. INFORMANT <u>Mrs. H. B. Murray</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive CR Disease</u> DUE TO (c) <u>?</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>4 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X-131A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>3-23-49</u>	23b. ADDRESS <u>Greenville, Ky</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Kentucky</u>		
25a. DATE REC'D BY LOCAL REG. <u>3-23-49</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Helge</u>		25c. FUNERAL DIRECTOR ADDRESS <u>Perry's Funeral Home - Greenville, Ky</u>		