

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Ky.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Greenville, Ky.</u>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>321 E. Main Cross St.</u>	d. STREET ADDRESS <u>321 E. Main Cross St.</u>	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Dillard</u> c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19, 1874</u>
9. AGE (In years last birthday) <u>83</u>		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Stoutland, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Cyrus P. Brooks</u>	
14. MOTHER'S MAIDEN NAME <u>Skelton</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>332 X - 070 - 14</u>		17. INFORMANT <u>R.D. Brooks</u>	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	DUE TO (b) <u>severe arteriosclerosis</u>		
	DUE TO (c) _____		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>332 X - 070 - 14</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a. m. _____ p. m. _____			
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 Nov. 1955 to Death, 1957 that I last saw the deceased alive on 8/2, 1957 and that death occurred at 3:10 A. from the causes and on the date stated above.

23a. DATE SIGNED <u>8/10/57</u>	23b. ADDRESS <u>Greenville Ky.</u>	23c. SIGNATURE <u>G. J. Shipp M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 6, 1957</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Evergreen Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Greenville, Kentucky</u>	25a. DATE REC'D BY LOCAL REG. <u>8-12-57</u>	25b. REGISTRAR'S SIGNATURE <u>Marye Hodge</u>
26. FUNERAL DIRECTOR ADDRESS <u>Gary's Funeral Home--Greenville, Ky.</u>		