

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 109

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhl.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central city R# 1</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside the corporate limits, write RURAL and give township) OR TOWN <u>Central city</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>R# 1</u>				
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)			b. (Middle) <u>Alexander</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 3 1882</u>		9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months	If Under 24 Hrs Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>42</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John W. Brown</u>				14. MOTHER'S MAIDEN NAME <u>Manerva McCullen</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Johnnie Brown</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>						
		ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension (chronic nephritis)</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X - 109 - 21</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <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 <u>April 1</u> , 19 <u>53</u> , to <u>April 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 26</u> , 19 <u>53</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.								
23a. DATE SIGNED <u>May 11-53</u>		23b. ADDRESS <u>Central City Ky</u>			23c. SIGNATURE (Degree or title) <u>John P. Walton M.D.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-30-53</u>	24c. NAME OF CEMETERY OR CRYPTORY <u>Coleman</u>		24d. LOCATION (City, town, or county) (State) <u>Muhl. Co Ky</u>			
25a. DATE REC'D BY LOCAL REG. <u>5/13/53</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Haly</u>		26. FUNERAL DIRECTOR ADDRESS <u>Sucher Funeral Home Central City Ky</u>				