

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A

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

8664
Register's No. 111

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenbelle
(c) Name of hospital or institution: Muhlenberg Co Hospital #1
(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Henry
(c) City or town McHenry Ky #1
(d) Street No. 092
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Allie Brauning

3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex female 5. Color or race white 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Oct 15 - 1866 (Month) (Day) (Year)

8. AGE: Year 81 Month 3 Days 21 If less than one day hr. _____ min.

9. Birthplace McLean Ky

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Jesse Hyatt

13. Birthplace Unknown

MOTHER 14. Maiden name Sue Wright

15. Birthplace Unknown

16(a) Informant's own signature K. F. Hyatt

(b) Address McHenry, Ky #1

17. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Ky #1

18(a) Signature of funeral director Tucker Funeral Home

(b) Address Central City, Ky

19(a) 4-21-48 as Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1948

21. I hereby certify that I attended the deceased from 4-8 1948 to 4-12 1948, that I last saw him alive on _____

stated above at 1205 P. M.

Immediate cause of death Acute Cardiac debilitation

Due to Fracture of hip

Other conditions _____

Major findings: Of operations 1864-950

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____

(Specify type of plant) _____

(d) Nature of injury _____

23. Signature J. P. Adams

Address Central City, Ky Date signed 4-17-48