

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REG. NO. 116

REGISTRATION DISTRICT NO. 274

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Muhlenberg</i>	
b. CITY (If separate entities, write RURAL and give township) <i>Greenville</i>		c. LENGTH OF STAY (in this place) <i>01</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Muhl Cement Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Rt 1</i>	
3. NAME OF DECEASED (Type or Print) a. (Given) <i>Adairatus Taylor</i> b. (Maiden) <i>Burke</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 31 1955</i>
5. SEX <i>male</i>	6. COLOR OR RACE? <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 15 1887</i>
9. AGE (in years last birthday) <i>67</i>		10. USUAL OCCUPATION (Give kind of work done during week preceding date of death) <i>Iron Miner</i>	11. BIRTHPLACE (State or foreign country) <i>Clarksville Tenn</i>
12. FATHER'S NAME <i>George Burke</i>		13. MOTHER'S MAIDEN NAME <i>Virginia Burke</i>	
14. WAS DECEASED IN U. S. ARMED FORCES? (Yes, no, or unknown) (Give year or date of service) <i>No</i>		14. SOCIAL SECURITY NO. <i>403-03-9851</i>	17. INFORMANT <i>Raymond Burke</i>
18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) a. <i>Abdominal Circumcision</i> b. <i>Abdominal Circumcision</i> c. <i>Abdominal Circumcision</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN DEATH AND DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not cover the mode of death such as hanging, poisoning, etc. or the distant cause of death, such as complications to a chronic disease.		d. UNDERLYING CAUSE OF DEATH e. OTHER SIGNIFICANT CONDITIONS f. OTHER CAUSES OF DEATH	
19a. DATE OF OPERATION <i>1991</i>		19b. MAKE FINDINGS OF OPERATION <i>057-12</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>G. F. BROCKMAN, M.D. GREENVILLE, KY.</i>	
21d. TIME OF INJURY (Month) (Day) (Year)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>G. F. BROCKMAN, M.D. GREENVILLE, KY.</i>	
22. I hereby certify that I attended the deceased from <i>10-6</i> , 1955, to <i>10-31</i> , 1955, that I last saw the deceased alive on <i>10-31</i> , 1955, and that death occurred at <i>10:30 P.M.</i> , from the causes and on the date stated above.			
23a. DATE SIGNED <i>11-4-55</i>	23b. ADDRESS <i>Greenville, Ky</i>	23c. SIGNATURE (Degree or title) <i>G. F. Brockman M.D.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/2/55</i>	24c. NAME OF CEMETERY OR CREMATOR <i>Forest Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Muhlenberg Co Ky</i>
25a. DATE REC'D BY LOCAL REG. <i>11-4-55</i>	25b. REGISTRAR'S SIGNATURE <i>Thelma Hodge</i>	26. FUNERAL DIRECTOR <i>Trucker Funeral Home</i>	ADDRESS <i>Central city Ky</i>