

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

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Case File No. **8669**  
Registrar's No. **104**

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:  
(a) County **Mushlenburg**  
(b) City or town **Rural Greenville**  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Ky** (b) County **Muhlen**  
(c) City or town **Rural Greenville**  
(If outside city or town limits, write RURAL)  
(d) Street No. **Parkwood R#2**  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME **Charice B. Butler**

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6(a) Single, widowed, married, divorced **Married**

6(b) Name of husband or wife **Ollie Butler**

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **76** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. min.

9. Birthplace **Simpson Co**

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

FATHER 12. Name **William Butler**

13. Birthplace **Simpson Co**

MOTHER 14. Maiden name **Stull**

15. Birthplace **Doyle Knott**

16(a) Informant's own signature **John Butler**

(b) Address **Lewis Burg R-2**

17. BURIAL, CREMATION, OR REMOVAL  
Place **Greenbrier School** Date **4-8** 19**48**

18(a) Signature of funeral director **Barry's Funeral Home**

(b) Address **Greenville Ky**

19(a) **4-8-48** (Date received by local registrar) (b) **Marjorie Hodge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 7** 19**48**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at **5:40 P.M.**

Immediate cause of death **Myocardium**  
**Probably heart attack**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings:  
Of operations **95C**

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 place)

While at work \_\_\_\_\_ (d) Cause of injury \_\_\_\_\_

23. Signature **Howard F. Haskins**  
Address **Greenville Ky**  
Date **4-6-48**