

## COMMONWEALTH OF KENTUCKY

State File No. 19420  
Registrar's No. 252FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICSDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1085 Primary Registration District No. 2436

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>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>	
c. LENGTH OF STAY (in this place) <u>1-day</u>		d. STREET ADDRESS (If rural, give location) <u>College St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Muhlenberg Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Agnes</u>		a. (First) <u>Christina</u>	b. (Middle)
		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20 - 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 29 - 1972</u>
9. AGE (In years last birthday) <u>77</u>	If Under Months <u>6</u>	1 Year Days <u>22</u>	24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>Butler Co Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William McDougal</u>		14. MOTHER'S MAIDEN NAME <u>Emma Brinkley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>W. M. Christian</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X - 83A</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 19, 1949</u> to <u>Sept 20, 1949</u> , that I last saw the deceased alive on <u>Sept 20, 1949</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>Sept 21, 49</u>	23b. ADDRESS <u>Greenville Ky</u>	23c. SIGNATURE (Degree or title) <u>Wylan H Woodson, Jr. M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Courtsen</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Muhlenberg, Ky.</u>
25a. DATE REC'D BY LOCAL OFFICE <u>9-24-49</u>	25b. REGISTRAR'S SIGNATURE <u>Marygrove Edgell</u>	25c. FUNERAL DIRECTOR <u>Irvin Mary</u> ADDRESS, <u>Greenville, Ky</u>	