Form V. S. 1-A

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

COMMONWEALTH OF KENTUCKY

State File No. 232

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

No. 1085 Primary Registration District No. 2436

DECEASED (Type or Print) (Type							
TOWN Committee Committee		/ /		a. STATE b. COUNTY A admission)			
INSTITUTION MUSICAL CALL SECURITY SUCCESS OF CONDITION S. WAS DECRASED WILL SHARE DECRASED STATE IN U. S. ARMID FORCES? IS. SOCIAL SECURITY SUCCESS OF CONDITION STATE SECURITY SOCIAL SECURITY SOCIAL SECURITY SECURITY SECURITY SOCIAL SECURITY SEC	OR ()	ato limits, write GURAI	township) STAY(in this place)	OR O.			
DECEASED (First) S. GELOS OR RACE 7, MARRIED, NEVER MARRIED, NE	HOSPITAL OR location	9/ / /	Nonsital NI				
1. SEX (a, GBLOR OR RACE), MARRIED, NEVER MARRIED, SEVER MARRIED, NEVER MARRIED,	DECEASED (Type or Print)	nes	b. (Middle)	threaten	DEATH LA	20-1949	
This does not mean fellow. Common fill	Sexuale wh	→ WID	OWED, DIVORCED (Specify)	8. DATE OF BIRTH // 1872	last birthday) Months	2.2 Hours Min.	
ALTERES NAME	done during most of work	ing life, even if	IND OF BUSINESS OR IN-	Butlerco	Ky	WHAP COUNTRY?	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (d) Illine for (a), (b), and (d) ANTECEDENT CAUSES "This does not mean Morbid conditions, (f ann, pin- the mode of dying, one cause inch as heart follows, (a) section, the above are such only one ones last. "This does not mean Morbid conditions, (f ann, pin- the mode of dying, one cause inch as heart follows, (a) section, the above are such only one of the mode of dying, or ones inch as heart follows, (a) section, the underlying such one heart follows, (a) section, the underlying ones last. DUE TO (b) ATTENIOSCIPTOS	13. FATHER'S NAME William M	Dougal		Production And Alexander			
III. CAUSE OF DEATH Enter only one cause per Iline for (a), (b), and (c) Partie does not mean the mode of dering, ing rice to the above cause athenic, etc., it means the disease, injury, or complication while is Conseed death. Conse	15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes, a	U. S. ARMID FORCE	S? I6. SOCIAL SECURITY NO.	17. INFORMANT	untia		
ANTECEDENT CAUSES **This does not mean the mode of spring, ing rise to the above cause such as heart fallow, (a) stating the underlying castlenies, etc. It means the disease, injury, or complication while it of consected death. **Conditions contributing to the death but not consected death. **Conditions contributing to the death but not related to the disease or condition counting death. **This does not mean the mean the above cause ing rise to the above cause cast. **DUE TO (c) **Conditions contributing to the death but not related to the disease or condition counting death. **This does not mean the above cause cast. **DUE TO (c) **Conditions contributing to the death but not related to the disease or condition counting death. **JOINT TION ** **JOINT TION *** **JOINT TIONT			ON -		dent	INTERVAL BETWEEN ONSET AND DEATH	
the mode of diging, ing rise to the above sense such as heart falling; ing rise to the above sense such as heart falling; ing rise to the above sense such as heart falling; ing rise to the disease, as the disease, injury, or complication, at 1 is h and on the disease, injury, or complication, and is h is	AN	ITECEDENT CAUSES		rteriosch	- 2m 04 C		
compilection we have he will all other significant conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions causing death. 17e. DATE OF OPERA- 17b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10	the mode of dying, ing rise to the above cause such as heart failure, (a) stating the underlying asthemia, sta, it means						
17e. DATE OF OPERA- 17b. MAJOR FINDINGS OF OPERATION 21b. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10 10 10 10 10 10 10 1	complication which ii.	nditions contributing	CONDITIONS to the death but not	331X - 8	3A		
SUICIDE HOMICIDE HOMICIDE Home, farm, factory, atreet, omes blag.	ITA. DATE OF OPERA- ITA						
OF INJURY IN WHILE AT MOT WHILE 22. I hereby castify that I attended the deceased from Dark 19, 1949, to Sign 20, 1949, that I last saw the deceased alive on 1949, to 1949, to Sign 20, 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949, to 1949, to 1949, to 1949, that I last saw the deceased alive on 1949, to 1949,	SUICIDE	i home.	E OF INJURY (e.g., in or about farm, factory, street, office bldg.	ZIE. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	(STATE)	
alive on SCA 20, 19 49 and that death obcurred at II Am., from the causes and on the date stated above. 230, DATE SIGNATURE 231, ADDRESS 232, DATE SIGNATURE 232, BIGNATURE 234, BURIAL, GREMA- TION, REMOVAL (Reports) 244, BURIAL, GREMA- TION, REMOVAL (Reports) 245, DATE 246, BURIAL, GREMA- TION, REMOVAL (Reports) 246, BURIAL 247, COURSELLE 247, COURSELLE 248, DATE 248, BURIAL 248, DATE 258, DATE 268,	OF	y) (Year) (Hour) m.		21f. HOW DID INJURY OCCU	R?		
Sent 21,4 Thermall My Thermall My Workson, I Man Wo	74, 100,00, 00,00						
Hural 9-22-49 Cougsen Greenily mullinking. 1/4	Sept 21.4	press	& Ky	20c. SIGNATURE	4 Woodso	(Degree or tittle)	
Applied III	24e. BURIAL, CREMA- TION, REMOVAL (Specify)	2 44 44	A		CATION (City, town, or o	heuberg. 144	
9-2 Apolysp. Marine deleg. Nom Gare Steenwelle to	ACCALLAD.	is. REGISTRARY SIGN	AYURE .		y. Trees	oness.	
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