

COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

FILE NO. 116

56-23875

REGISTRAR'S NO. 261

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Kv.		(Where deceased lived. If institution: residence before admission) b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Kv.		c. LENGTH OF STAY (in this place) 01		c. CITY OR TOWN Central City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hosp		d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Delia Cobb			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1, 1881	9. AGE (in years last birthday) 75	If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky	12. [REDACTED]	
13. FATHER'S NAME Yancey Doss			14. MOTHER'S MAIDEN NAME Susan Tooley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT I. R. Cobb		

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma uteri - metastatic		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma uteri & Duodenum			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 196 X - 057-12			
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY	STATE

22. I hereby certify that I attended the deceased from 19 to Nov 7, 1956, that I last saw the deceased alive on 19 and that death occurred at m. from the causes and on the date stated above.

23a. DATE SIGNED 11-12-56	23b. ADDRESS Greenville Ky	23c. SIGNATURE J. R. [Signature]	(Degree or title) M. H.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1956	24c. NAME OF CEMETERY OR CREMATORIUM Rose Hill	24d. LOCATION (City, town, or county) (State) Central City, Kv.
25a. DATE REC'D BY 11-16-56	25b. REGISTRAR'S SIGNATURE Mary [Signature]	26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky.	