

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 26

Registration District No. 1085

Primary Registration District No. 2435

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) <u>Central City, Ky.</u>		c. LENGTH OF STAY (In this place) <u>all his life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Central City, Ky.</u>		d. STREET ADDRESS (If rural, give location) <u>405 North 3rd St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 N. 3rd St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>BURNETT</u>	c. (Last) <u>COLLINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-2-1881</u>	9. AGE (In years last birthday) <u>70</u>	If Under 1 Year Months <u>7</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mines</u>	11. BIRTHPLACE (State or foreign country) <u>Logan County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William Collins - 42</u>			14. MOTHER'S MAIDEN NAME <u>See Kinerdy</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>403-07-2857</u>	17. INFORMANT <u>Mrs. Rena Collins</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain and skull fractures</u>			<u>None</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>976X-148-26</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Central City - Muhlenberg - Ky.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-26-52 1:30 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted with .32 pistol.</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.					
23a. DATE SIGNED <u>1-26-52</u>		23b. ADDRESS <u>Central City, Ky.</u>		23c. SIGNATURE (Degree or title) <u>James E. Craft, Jr. Coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muhlenberg Cemetery - Louisville, Ky.</u>	24d. LOCATION (City, town, or county) (State) <u>Louisville, Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>2-1-52</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		26. FUNERAL DIRECTOR <u>Anderson Funeral Home</u> <u>Central City, Ky.</u>	