

51 10593

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. 116-
Registrar's No. 116Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perrod 1 1/2 Rural</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perrod 1 1/2 Rural</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>Major</u> b. (Middle) <u>Salomon</u> c. (Last) <u>Davis</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>Jan 17, 1918</u>
9. AGE (In years last birthday) <u>83</u>	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John Davis</u>	
14. MOTHER'S MAIDEN NAME <u>Cynthia Hall</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>Mrs. Tom Clark</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probly Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4261-091-17</u>	
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 AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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 <u>6 AM</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>5/14/61</u>		23b. ADDRESS <u>Greenville 1 1/2</u>	
23c. SIGNATURE <u>Delbert Wilkins Deputy Coroner</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1961</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Baridherlem</u>		24d. LOCATION (City, town, or county) (State) <u>Muhlenberg co 1 1/2</u>	
25a. DATE REC'D BY LOCAL REG. <u>5-23-61</u>		25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge Parker</u>	
26. FUNERAL DIRECTOR <u>Beuch Craft 1 1/2</u>		ADDRESS	