

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY <u>Warrick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Warrick</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Central City, Ky</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Central City</u>	
d. STREET ADDRESS (If rural, give location)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Samuel</u> (Middle) <u>Curtis</u> e. (Last) <u>DeArmond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 - 1950</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>1906 - April 16</u>
9. AGE (In years) (Months) (Days) <u>43</u>	1 Year If Under 24 Hrs. Min. <u>18</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>in</u>
11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>B. DeArmond</u>		14. MOTHER'S MAIDEN NAME <u>Ozzie DeArmond</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. MORMANT <u>Mrs Curtis DeArmond</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, athermia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause Unknown.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) <u>Died Sudden at Home</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7955 137-28</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <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>3:30 PM</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>1-5-50</u>	23b. ADDRESS <u>Central City, Ky</u>	23c. SIGNATURE (Degree) (Title) <u>Francis Hogan (Cor)</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelworth</u>	24d. LOCATION (City, town, or county) (State) <u>Warrick Co, Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>1-11-50</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hays Tucker</u>	25c. FUNERAL DIRECTOR <u>Funeral Home Central City, Ky</u>	