

Registration District No. 1085 Primary Registration District No. 1471

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg Co</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Kentucky</i> b. COUNTY <i>Muhlenberg</i>	
b. CITY OR TOWN <i>Greenville</i> (if outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Greenville</i> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R2</i> (if not in hospital or institution, give street address or location)		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>H</i> c. (Last) <i>Dodkins</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 5 1934</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 3 1878</i>	9. AGE (in years last birthday) <i>78</i>	
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>11</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	

12. FATHER'S NAME <i>Parke Dodkins</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Elizabeth Jaggart</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>NO</i>	
17. INFORMANT <i>Carlean Tipton</i>			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Heart Failure</i>			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <i>Age and declining Health</i>			
	DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>774 X - 136-29</i>			
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.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21b. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		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 \_\_\_\_\_, 19\_\_\_\_ 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 <i>11-6-56</i>		23b. ADDRESS <i>Central City Ky</i>		23c. SIGNATURE <i>M. V. Foster</i> (Name or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-7-54</i>		24c. NAME OF CEMETERY OR CREMATOR <i>Hazel Creek Cem</i>	
24d. LOCATION (City, town, or county) (State) <i>Muhlenberg Co Ky</i>		25a. DATE REC'D BY <i>11-19-56</i> LOCAL REG.		25b. REGISTRAR'S SIGNATURE <i>Maxine Hodge</i>	
25c. FUNERAL DIRECTOR <i>Parke Washburne Parnell</i>		ADDRESS <i>Beech Creek Ky</i>			