

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</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 or TOWN <u>Greenville</u>)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Greenville</u>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>235 Hopkinsville St.</u>			d. STREET ADDRESS <u>235 Hopkinsville St.</u>		
IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) <u>Eugene Samuel Elliott</u>			4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>6</u> (Year) <u>56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/21/94</u>		9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Undertaking</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Samuel H. Elliott</u>			14. MOTHER'S MAIDEN NAME <u>Minnie Tott</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War I.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Blanchell Elliott</u>			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarct</u>			MEDICAL CERTIFICATION		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>		
DUE TO (c)			<u>5 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201-081-16</u>					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.)		
21b. TIME OF INJURY <u>Hour Month, Day, Year</u>					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (a. 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 <u>1949</u> to <u>9-29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>56</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.					
23a. DATE SIGNED	23b. ADDRESS <u>Greenville Ky</u>	23c. SIGNATURE (Degree or title) <u>[Signature]</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West End</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>11-21-56</u>	25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>Mrs. Blanchell G. Elliott</u>	ADDRESS <u>Greenville Ky</u>		