

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 53 15290
REGISTRAR'S NO. 165

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>Ky</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville Ky</u>		c. LENGTH OF STAY (in this place) <u>01</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville Ky</u>		d. STREET ADDRESS (If rural, give location) <u>Maple St</u>	
d. FULL NAME OF DECEASED (If in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>James Bennett Coyle</u>			d. STREET ADDRESS (If rural, give location) <u>Maple St</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Bennett</u> c. (Last) <u>Coyle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 27, 1953</u>	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hrs Months Days Hours Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>James Bennett Coyle</u>			14. MOTHER'S MAIDEN NAME <u>Esther Sherwood</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>James B. Coyle</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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>776X-135-23</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>birth</u> , 19___ to <u>death</u> , 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		23b. ADDRESS <u>G. F. BROCKMAN, M.D. GREENVILLE, KY.</u>		23c. SIGNATURE <u>G. F. Brockman</u> (Deputy or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg County Ky</u>			
25a. DATE REC'D BY LOCAL REG. <u>7-29-53</u>	25b. REGISTRAR'S SIGNATURE <u>Marie Hodge</u>		26. FUNERAL DIRECTOR <u>Funeral Home</u> <u>Greenville, Ky.</u>			