

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE a. STATE Ky.		b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place) 17		c. CITY OR TOWN Central City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhlenberg Comm. Hospital		d. STREET ADDRESS % Central Hotel Broad St.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		3. NAME OF DECEASED a. (First) J.		b. (Middle) Leo	
c. (Last) Fentress		4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/5/1880	9. AGE (In years last birthday) 78	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Master		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Abe Fentress		14. MOTHER'S MAIDEN NAME Inois Woodard	
15. WAS DECEASED (Yes, No, or unknown)		16. EVER IN U. S. ARMY, FORCE? (If yes, give year or date of service)		17. SOCIAL SECURITY NO.	
				17. INFORMANT Mrs. Charles Taylor	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Failure				INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a) existing the underlying cause last.		DUE TO (b) myocardial		
			DUE TO (c) Shock following injury		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9027				
20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Under nature of injury in Part I or Part II of items 19)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21b. TIME OF INJURY Hour Month, Day, Year 8-27-59		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, etc.) Muhl. Comm. Hosp	
21e. CITY, TOWN, OR LOCATION Greenville, Muhlenberg Ky		21f. COUNTY Muhlenberg		21g. STATE Ky	
22. I hereby certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS Central City, Ky		23c. SIGNATURE J. F. Hutton M.D. (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 30, 1959		24c. NAME OF CEMETERY OR CREMATORY Fairmount	
24d. LOCATION (City, town, or county) (State) Central City, Ky.		25a. DATE REC'D BY 9-3-59		25b. REGISTRAR'S SIGNATURE Margaret Halge	
25c. FUNERAL DIRECTOR Tucker Funeral Home		25d. ADDRESS Central City, Ky.			