

Registration District No. 350

Primary Registration District No. 4751

1. PLACE OF DEATH

a. COUNTY Christian

2. USUAL RESIDENCE

(Where deceased lived. If institutions residence before admission)

a. STATE Kentucky b. COUNTY Christian

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkinsville R.R. 4

c. LENGTH OF STAY (in this place) unknown

c. CITY OR TOWN Hopkinsville Rt. 4

IS RESIDENCE ON A FARM? YES NO

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 101 Hill Street

d. STREET ADDRESS

101 Hill Street (Rt. 4)

IS RESIDENCE INSIDE CITY LIMITS? YES NO

3. NAME OF DECEASED (Type or Print)

a. (First) Junius b. (Middle) Edgar c. (Last) Fentress

4. DATE OF DEATH

(Month) (Day) (Year)

Dec. 7, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 29, 1886

9. AGE (In years last birthday)

76

If Under 1 Year (Month) (Day)

If Under 24 Hrs. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Hospital Attendant

11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

I. R. Fentress

14. MOTHER'S MAIDEN NAME

Sara Lamb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY

(If yes, give no. or dates of service)

17. INFORMANT

Mrs. Beulah Fentress (wife)

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Coronary occlusion.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH 30 min.

DUE TO (b) Coronary Sclerosis.

5 years plus.

DUE TO (c) Generalized arteriosclerosis.

15 years plus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? YES NO

MEDICAL CERTIFICATION

20. ACCIDENT SUICIDE HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

21b. TIME OF INJURY Hour Month, Day, Year

21c. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 8 Sept. 1962 to 7 Dec. 1962, that I last saw the deceased alive on 7 December 1962, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. DATE SIGNED 19 Dec. 1962

23b. ADDRESS 1725 Kenton St. Hopkinsville, Ky.

23c. SIGNATURE

Marvin Brown M.D. (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

Dec. 9, 1962

24c. NAME OF CEMETERY OR CREMATORY

Green Hill Mem. Gdn.

24d. LOCATION (City, town, or county) (State)

Hopkinsville, Kentucky

25a. DATE REC'D BY LOCAL REG. 12-9-62

25b. REGISTRAR'S SIGNATURE

Marvin B. Brown

26. FUNERAL DIRECTOR

Fuqua Funeral Home, Hopkinsville, Ky.

ADDRESS