

Registration District No. 185

Primary Registration District No. 441

1. PLACE OF DEATH a. COUNTY Caldwell			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 Rural Princeton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hopkinsville		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harned Nursing Home			d. STREET ADDRESS Hill St., Ft. 5		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) Maggie		b. (Middle) B.	e. (Last) Fentress		4. DATE OF DEATH (Month) (Day) (Year) 11-10-1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1882	9. AGE (In years last birthday) 76	If Under 1 Year (Month) (Day) (Year) If Under 24 Hrs. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher, Employee State Hosp		10b. KIND OF BUSINESS OR INDUSTRY Employee State Hosp	11. BIRTHPLACE (State or foreign country) Todd County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Whitney Johnston			14. MOTHER'S MAIDEN NAME Wade Faughender		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT J.E. Fentress, (Husband)			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Meningitis</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>Senility</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>744X</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year G. M. P. M.					
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 2-1-1958 to Death, 1958, that I last saw the deceased alive on 11-9-1958, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED 11-12-58	23b. ADDRESS Princeton Ky.		23c. SIGNATURE B. K. Korman M.D.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-'58	24c. NAME OF CEMETERY OR CREMATORY Green Hill Mem. Garden		24d. LOCATION (City, town, or county) (State) Christian County, Ky.	
25a. DATE REC'D BY LOCAL REG. 11-17-58	25b. REGISTRAR'S SIGNATURE Arney Powell		26. FUNERAL DIRECTOR Fuqua Funeral Home, Hopkinsville, Ky.		

MEDICAL CERTIFICATION