

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Walters
State File No. **15641**
Registrar's No. 157

Registration District No. 1082 Primary Registration District No. 8435

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Central City, Ky
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County _____
(c) City or town Central City, Ky
(If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural give precinct)

(b) Length of stay: In hospital or community _____
(Years, months or days)

(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Albert Benjamin Franklin

3(b) If veteran, Name _____
3(c) Social Security No. _____

4. Male 5. Color White 6(a) Single, widowed, married, divorced W

6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Feb 22 - 1869
(Month) (Day) (Year)

8. AGE: 76 Years 2 Months 13 Days If less than one day hr. min.

9. Birthplace Ky

10. Usual occupation Barber

11. Industry or business _____

FATHER { 12. Name Benjamin Franklin

13. Birthplace Ky

MOTHER { 14. Maiden name _____

15. Birthplace _____

16(a) Informant's own name Mrs Lee Jenkins

(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL Furnerment Date 6-6 1945

18(a) Signature of informant Lee Jenkins

(b) Address Central City, Ky

19(a) June 20 1945 (Date received by local registrar)

Wm R. D. Stanford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1945

21. I hereby certify that I attended the deceased from June 1945 to June 5 1945, that I last saw him alive on June 5 1945, and that death occurred on the date stated above at 12:40 A.M.

Immediate cause of death various

Due to Post Suppurative Cystotomy

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 139 A - 135 B

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature J. P. Walton (M. D. or other)

Address June 16 - 45 Date signed Central City, Ky

MARGIN RESERVED FOR INDEXING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DELA