

Registration District No. 1085 Primary Registration District No. 7471

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u> | | 2. USUAL RESIDENCE a. STATE <u>NY</u> b. COUNTY <u>Muhlenberg</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Beuchmont</u> | | c. CITY OR TOWN <u>Beuchmont</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | | |

| | | | |
|---|---------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) <u>ALONZO CARLIE GASTON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 30 1960</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED | 8. DATE OF BIRTH <u>11-17-1878</u> |
| 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> |
| 10a. KIND OF BUSINESS OR INDUSTRY <u>OO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>John Gaston</u> | | 14. MOTHER'S MAIDEN NAME <u>Celia Westler</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| | | 17. INFORMANT <u>W. Rachel Gaston</u> | |

| | | | |
|---|---|---|----------------------------------|
| MEDICAL CERTIFICATION | 18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Heart Disease</u> | | |
| | DUE TO (c) <u>Senility</u> | | |
| | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4222</u> | | |
| 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. 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 _____, 19____, to _____, 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 <u>9-30-60</u> | 23b. ADDRESS <u>Central City, Ky</u> | 23c. SIGNATURE (Degree or title) <u>M. V. Foster, Coroner</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>over mt gion 11/11/60</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Batter 10</u> |
| 24d. LOCATION (City, town, or county) (State) <u>1348</u> | 25a. DATE REC'D BY LOCAL REG. <u>10-14-60</u> | 25b. REGISTRAR'S SIGNATURE <u>Margie Adge</u> |
| 25c. FUNERAL DIRECTOR ADDRESS <u>Parkside Washburne, Beuchmont, Ky.</u> | | |