

Registration District No. 1085 Primary Registration District No. 2496

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhl</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenwell</u>		c. LENGTH OF STAY (In this place) <u>01</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City</u>		
d. FULL NAME OF INSTITUTE (If in hospital or institution, give street address or hospital or institution) <u>Muhl Loan Hosp</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Jennie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Gates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 18 1885</u>	9. AGE (In years last birthday) <u>70</u>	10. YEARS IN ORDER: <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>68</u>	11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>John Morris</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown Murphy</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Mrs George Peary</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		DUE TO (b)		<u>12 hr</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x - 070-14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-9-1951</u> , to <u>11-2-1955</u> , that I last saw the deceased alive on <u>11-2-1955</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>11-9-55</u>	23b. ADDRESS <u>Central City Ky.</u>		23c. SIGNATURE <u>W. H. Davis, M.D.</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-55</u>	24c. NAME OF CEMETERY OR OBITERATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Central City Ky</u>		
25a. DATE REC'D BY LOCAL REG. <u>11-12-55</u>	25b. REGISTRAR'S SIGNATURE <u>Edw. J. [Signature]</u>	LOCAL REGISTRAR	26. FUNERAL DIRECTOR <u>Jucker Funeral Home</u> ADDRESS <u>Central City Ky</u>		