

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky b. COUNTY Muhl		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bremen		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			d. STREET ADDRESS Breman R # 1		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Pearl c. (Last) Gibson			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14 1964		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 8 1908	9. AGE (in years last birthday) 56	If Under 1 Year: Months _____ Days _____ If Under 84 Mths: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Muhlenberg		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Wade Gibson			14. MOTHER'S MAIDEN NAME Birdie Mathenia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Carrie Nelson Gibson			
18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Tumor of Cervix DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 121X					INTERVAL BETWEEN ONSET AND DEATH
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 <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 _____ 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 5 A.M. , from the causes and on the date stated above.					
23a. DATE SIGNED 8-15-64	23b. ADDRESS Central City, Ky		23c. SIGNATURE M.V. Foster Coroner (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Aug 16 Pleasenthill	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Muhlenberg Co Ky	
25a. DATE REC'D BY LOCAL REG. 9/9/64	25b. REGISTRAR'S SIGNATURE Garry Bell		25. FUNERAL DIRECTOR ADDRESS Gary, s Funeral Home Greenville Ky		