

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.	c. LENGTH OF STAY (in this place) 01	c. CITY OR TOWN Bremen, Kentucky	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Muhlenberg Community Hosp.		d. STREET ADDRESS Route # 1	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) Zadie b. (Middle) May c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1962	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 28, 1959
9. AGE (In years last birthday) 2		10. Under 1 Year Months 5	11. Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Muhlenberg Co.--Kentucky
13. FATHER'S NAME Leroy Gibson		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. MOTHER'S MAIDEN NAME Mary Townsell		17. INFORMANT Leroy Gibson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sodium Salicylate Intoxycation			INTERVAL BETWEEN ONSET AND DEATH
8720 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Accident			
DUE TO (c)			
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 checked="" 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.) Swallowed eleven or more 10 gr, tablets of	
21b. TIME OF INJURY Hour Month, Day, Year 3:30 P.M. 12/31/61		Sodium Salicylate,	
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
21e. CITY, TOWN, OR LOCATION Route 1, Bremen, Muhlenberg Ky.		COUNTY STATE	
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased on 1/1, 1962, and that death occurred at 2:30 a.m., from the causes and on the date stated above.			
23a. DATE SIGNED 1/1/62		23b. ADDRESS Central City, Ky.	
23c. SIGNATURE M. V. Foster		CORONER (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 2, 1962	
24c. NAME OF CEMETERY OR CRYPTORY Pleasant Hill--H.W. 70		24d. LOCATION (City, town, or county) (State) Muhlenberg Co.--Kentucky	
25a. DATE REC'D BY LOCAL REG. 1-4-62		25b. REGISTRAR'S SIGNATURE Margaret Hodge	
25c. FUNERAL DIRECTOR Gary's Funeral Home--Greenville, Ky.		ADDRESS	