

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

53- 23601

REGISTRAR'S NO. 245

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Mull</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Greenville</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Greenville</i>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (if not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mrs. Laticia</i> b. (Middle) <i>Gilmore</i> c. (Last) <i>Gilmore</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-10-53</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>July 23-1884</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>00</i>	11. BIRTHPLACE (State or foreign country) <i>Ky</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>J. M. Anderson</i>			14. MOTHER'S MAIDEN NAME <i>Laticia Groves</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>James L. Gilmore</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarct</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial disease</i> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>1 hr?</i> <i>?</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4201-081-17</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <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 <i>11-30</i> , 19 <i>53</i> , to <i>death</i> , 19 <i>53</i> , 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	23b. ADDRESS <i>Greenville, Ky</i>		23c. SIGNATURE (Degree or title) <i>W.R.</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>10-13-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Emergreen</i>	24d. LOCATION (City, town, or county) (State) <i>Greenville Ky</i>		
25a. DATE REC'D BY <i>11-12-53</i>	25b. REGISTRAR'S SIGNATURE <i>Margaret Hodge</i>	25c. FUNERAL DIRECTOR <i>Walter F. ...</i>	25d. ADDRESS <i>Central city Ky</i>		