

19350

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

State File No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICSRegistrar's No. 222

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASED:		
(a) County <u>Muhlenberg</u>			(a) State <u>Ky</u> (b) County <u>Muhlenberg</u>		
(b) City or town <u>Greenville</u> (If outside city or town limits, write RURAL)			(c) City or town <u>Rural</u> (If outside city or town limits, write RURAL)		
(c) Name of hospital or institution: <u>Muhlenberg Community Hospital</u> (If not in hospital or institution write street number or location)			(d) Street No. <u>Graham</u> (If rural give precinct)		
(d) Length of stay: In hospital or community <u>01 8 hours</u> (years, months or days)			(e) If foreign born, how long in U. S. A.? _____ year		
3(a) FULL NAME <u>Walter Clarence Gipson</u>					
3(b) If veteran, Name war _____		3(c) Social Security No. _____			
4. Sex <u>male</u>	5. Color or race <u>white</u>	6(a) Single, widowed, married, divorced <u>married</u>			
6(b) Name of husband or wife <u>Mattie Sue Gipson</u>					
6(c) Age of husband or wife if alive _____ Years					
7. Birth date of deceased <u>March 17 1891</u> (Month) (Day) (Year)					
8. AGE: Years <u>37</u> Months <u>6</u> Days <u>4</u> If less than one day hr. _____ min.					
9. Birthplace <u>Kentucky</u>					
10. Usual occupation <u>Army Engineer, Depot. 1</u>					
11. Industry or business <u>Furniture, Landscaping, Ill.</u>					
FATHER	12. Name <u>Jack Gipson</u>				
	13. Birthplace <u>Tenn.</u>				
MOTHER	14. Maiden name <u>Mattie Sue Stanley</u>				
	15. Birthplace <u>M. Laan Is.</u>				
16(a) Informant's own signature <u>Clarence Gipson</u>					
(b) Address <u>1210 College St. Madison, Ill.</u>					
17. BURIAL, CREMATION, OR REMOVAL					
Place <u>United</u> Date <u>9-23 1948</u>					
18(a) Signature of funeral director <u>J. Irvin Gary</u>					
(b) Address <u>Greenville, Ky.</u>					
19(a) <u>9-28-48</u> (Date received by local registrar)					
(b) <u>Margaret Hodge</u> (Registrar's signature)					
20. DATE OF DEATH <u>Sept. 21 1948</u>					
21. I hereby certify that I attended the deceased from <u>Sept 21 1948</u> to <u>Sept 21 1948</u> , that I last saw him alive at <u>Sept 21 1948</u> and that death occurred on the date stated above at <u>5 P. M.</u>					
Immediate cause of death <u>Diabetic coma</u> DURATION _____					
Due to <u>Diabetes Mellitus</u>					
Other conditions _____ (Include pregnancy within 3 months of death)					
Major findings: _____					
Of operations <u>61</u>					
Of autopsy _____					
22. If death was due to external causes, fill in the following:					
(a) Accident, suicide, or homicide (specify) _____					
(b) Date of occurrence _____					
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)					
While at work? _____ (e) Means of injury _____					
23. Signature <u>Hylan H. Woodson, Jr. M.D.</u> (M. D. Registrar)					
Address <u>Greenville, Ky.</u> Date signed <u>Sept 23, 1948</u>					

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.