

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

Department of Health  
BUREAU OF VITAL STATISTICS

FILE NO. 116

REGISTRAR'S NO. 25

## CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2435

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>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City, Ky.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City, Ky.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chestnut St.</u>			d. STREET ADDRESS (If rural, give location) <u>Chestnut St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claudio</u> b. (Middle) <u>M. Blister</u> c. (Last) <u>Wynn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-2-1886</u>	9. AGE (In years last birthday) <u>67</u>	If Under 1 Year Months <u>11</u> Days <u>24</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>88</u>	11. BIRTHPLACE (State or foreign country) <u>Williamson County, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Robert M. Blister</u>			14. MOTHER'S MAIDEN NAME <u>Mit Rogers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Lila Mae Eldridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain and skull fracture</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>none</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>976X-148-26</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Central City, Muhlenberg, Ky.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-26-52 4:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted - pistol shot.</u>			
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 _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>1-26-52</u>	23b. ADDRESS <u>Central City, Ky.</u>		23c. SIGNATURE (Degree or title) <u>Jessie E. Craft, Coroner</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>2-1-52</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hulse</u>		25c. FUNERAL DIRECTOR ADDRESS <u>Anderson Funeral Home</u>		

NOV-14-52

Central City, Ky.

CPC 8991/4-2-52