

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

FILE NO. 116 **52** **3571**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **27**

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution used, date before admission) a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greensville, Ky.		c. LENGTH OF STAY (In this place) 07	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Central City, Ky.		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Hospital			d. STREET ADDRESS (If rural, give location) Chestnut St.		
3. NAME OF DECEASED a. (First) ROBERT (Type or Print)			b. (Middle) Alexander	c. (Last) GLENN	4. DATE OF DEATH (Month) (Day) (Year) 1-27-52
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-15-1867	9. AGE (In years last birthday) 84	If Under 1 Year If Under 24 Hrs Months Days Hours Min. 01 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner Coal Mines		10b. KIND OF BUSINESS OR INDUSTRY Muhlenberg	11. BIRTHPLACE (State or foreign country) Muhlenberg		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gilbert V. Glenn			14. MOTHER'S MAIDEN NAME Mary Lucinda Stroud		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) None	17. INFORMANT Mr. Gilbert Glenn			
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, aethenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) _____ 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 11 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X-070-16				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY	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 1-17 , 19 52 , to 1-27 , 19 52 , that I last saw the deceased alive on 1-27 , 19 52 , and that death occurred at 11:30 P m., from the causes and on the date stated above.					
23a. DATE SIGNED 2-1-52	23b. ADDRESS Central City, Ky		23c. SIGNATURE [Signature] (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 1-29-52	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Memorial	24d. LOCATION (City, town, or county) (State) Central City, Ky.		
DATE REC'D BY LOCAL REG. 2-9-52	25b. REGISTRAR'S SIGNATURE Margaret Hodge	26. FUNERAL DIRECTOR Anderson Funeral Home ADDRESS Central City, Ky			