

MARGIN RESERVED FOR BINDING

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.

Form T. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 15304  
Registrar's No. 61

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH: Muhls. City  
 (a) County Muhls.  
 (b) City or town Central City  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution write street number & location)  
 (d) Length of stay: In hospital or community 6  
 (years, months or days)  
 2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ky. (b) County Muhls.  
 (c) City or town Rural  
 (If outside city or town limits write RURAL)  
 (d) Street No. \_\_\_\_\_ (If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Nancy Golightly  
 3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_  
 Name war \_\_\_\_\_ No. \_\_\_\_\_  
 4. Sex F. 5. Color or race Col. 6(a) Single, widowed, married, divorced widowed  
 6(b) Name of husband or wife Golightly  
 6(c) Age of husband or wife if alive Deceased Years  
 7. Birth date of deceased 1847  
 (Month) (Day) (Year)  
 8. AGE: Years 97 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Hartford, Ky.  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_

FATHER { 12. Name Unknown  
 13. Birthplace Unknown  
 MOTHER { 14. Maiden name Unknown  
 15. Birthplace Unknown

16(a) Informant's own signature Eugene Briffin  
 (b) Address Central City, Ky.  
 17. BURIAL, CREMATION, OR REMOVAL  
 Place Hartford, Ky. Date Feb. 27, 1944  
 18(a) Signature of funeral director Smith's Fun. Home  
 (b) Address Drakesboro, Ky.  
 19(a) 3-4-44 (Date received by local registrar) (b) Jane R. Powell (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Feb. 25, 1944  
 21. I hereby certify that I attended the deceased from 2-22 1944  
 to 2-25-44 19\_\_\_\_, that I last saw h. alive on \_\_\_\_\_  
 19\_\_\_\_, and that death occurred on the date  
 stated above at 8:25 P. M.  
 Immediate cause of death Osteomyelitis  
 Due to Heart

DURATION  
years  
months  
days

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 939  
 Of operations \_\_\_\_\_  
 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 J. S. [unclear] (M. D. or other)  
 Address Central City, Ky. Date signed 2-26-44