

27581

Form V. B. 1-A
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

State File No. _____
Registrar's No. 357

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville
(c) Name of hospital or institution Muhlenberg County Com; Hospital
(d) Length of stay: In hospital or community Two Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky
(b) County Muhlenberg
(c) City or town South Corrolton
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME Mary Frances Grace

3(b) If veteran, Name war _____
3(c) Social Security No. _____

4. Sex Female 5. Color Colord 6(a) Single Married Divorced _____

6(b) Name of husband or wife Wufus Grace

6(c) Age of husband or wife Lead _____ Years

7. Birth date of deceased March 9 1884

8. 62 Years 9 Months 9 Days If less than one day hr. _____ min.

9. Birthplace Muhlenberg Co

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Mose Wickliffe

13. Birthplace Muhlenberg Co.

MOTHER 14. Maiden name Mary Vanmeter

15. Birthplace Muhlenberg Co.

16(a) Informant's own signature Better Wickliffe

(b) Address So. Corrolton Ky

17. BURIAL CHURCH OR CEMETERY So. Corrolton Ky Date 12/21/47

18(a) Signature of funeral director Eugene S. Shultz

(b) Address Greenville Ky

19(a) 12-24-47 (Date received by local registrar) (b) Ther. Maxine Halge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec; 18 19 47
21. I hereby certify that I attended the deceased from Dec 17 19 47 to Dec 18 19 47 that I last saw him alive on Dec 17 19 47 and that death occurred on the date stated above at 5 P. M.

Immediate cause of death Azotemia

Due to Ca of Cervix

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Cervix

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 [Signature] (M. D. or other)

Address Greenville Date signed 12-23-47

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.