

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. 5070Registrar's No. 159Registration District No. 370Primary Registration District No. 2115

## 1. PLACE OF DEATH:

(a) County Christian(b) City or town Hopkinsville(c) Name of hospital or institution:  
(If outside city or town limits, write RURAL)Brooks Hospital(d) Length of stay: In hospital or community A 11 1/2 01

(Year, month or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg(c) City or town So. Corrollton Rural(d) Street No. So. Corrollton

(e) If foreign born, how long in U. S. A.?

years

3(a) FULL NAME Ruffus H Grace

3(b) If veteran,

3(c) Social Security

Name was

No.

4. Sex Male

5. Color of

6(a) Single, widowed, married,

divorced Married6(b) Name of husband or wife Mary F Grace6(c) Age of husband or wife if alive 51 Years7. Birth date of deceased Oct 2 1881

(Month)

(Day)

(Year)

8. AGE: Years 63 Months 5 Days 18 If less than one day

hr. min.

9. Birthplace Muhlenberg Co Ky10. Usual occupation Wagon Rep P resser 3

11. Industry or business

12. Name Harvy H Grace13. Birthplace Spain14. Maiden name Mae Dady15. Birthplace Muhlenberg Co Ky16(a) Informant's own signature Willis C Grace(b) Address So Corrollton Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place So Corrollton Ky Date 3/23 194518(a) Signature of funeral director Cugrae S Elliott(b) Address Greenville Ky19(a) 4-3-45 Catherine Highmeyer  
(Date received by local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3 7021. I hereby certify that I attended the deceased from 3-5 1945to 3-20 1945, that I last saw him alive on3-20 1945 and that death occurred on the datestated above at 4120 #7Immediate cause of death Cerebral apoplexy

DURATION

Due to Asperter'sChronic parenchymalHypertensionOther conditions Cerebral 7 floor

(Include pregnancy within 3 months of death)

Major findings:

Of operations None 131A-83A

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?

(a) Means of injury

23. Signature J. C. Brooks MDAddress 701 Virginia St (M. D. of city)Date signed 3-30-45Hopkinsville Ky