

Registration District No. 1085

Primary Registration District No. 2435

1. PLACE OF DEATH

a. COUNTY

Muhlenberg

2. USUAL RESIDENCE

(Where deceased lived. If institution: residence or institution)

a. STATE

Ky.

b. COUNTY

Muhlenberg

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN Central City, Ky.

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN

Central City, Ky.

IS RESIDENCE ON A FARM?

YES  NO

d. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)  
310 N. 5th St.

d. STREET ADDRESS

310 N. 5th St.

IS RESIDENCE INSIDE CITY LIMITS?

YES  NO

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

Alice Clayton Brasher Gray

4. DATE OF DEATH

(Month) (Day) (Year)  
Nov. 5, 1956

5. SEX  
F

6. COLOR OR RACE  
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
July 21, 1895

9. AGE (In years last birthday)  
61

If Under 1 Year  
Months Days

If Under 24 Hrs.  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
DU

11. BIRTHPLACE (State or foreign country)  
Russellville, Ky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William E. Brasher

14. MOTHER'S MAIDEN NAME

Laura Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Berva Gray

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

(a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
9 days

MEDICAL CERTIFICATION

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

4201-081-16

19. WAS AUTOPSY PERFORMED?  
YES  NO

20. ACCIDENT  SUICIDE  HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

21b. TIME OF INJURY  
Hour Month, Day, Year  
a. m.  
p. m.

21c. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21d. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21e. CITY, TOWN, OR LOCATION

COUNTY

STATE

22. I hereby certify that I attended the deceased from Pt. had expired when seen for first time that I last saw the deceased on 11-5 1956 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. DATE SIGNED  
11-6-56

23b. ADDRESS

Central City, Ky.

23c. SIGNATURE

Thomas Kirby

(District or title)

R. D.

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE

Nov. 7, 1956

24c. NAME OF CEMETERY OR INTERMENT PLACE

Rose Hill

24d. LOCATION (City, town, or county)

Central City, Ky.

(State)

25a. DATE REC'D BY LOCAL REG.  
11-7-56

25b. REGISTRAR'S SIGNATURE

Margaret Helge

26. FUNERAL DIRECTOR

Tucker Funeral Home Central City, Ky.

ADDRESS