

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dunmore Rural</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN <u>Dunmore</u>		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Rural</u>	
		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>SHERIDAN</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1956</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 14, 1888</u>	9. AGE (In years last birthday) <u>68</u>	If Under 1 Year Months Days Hours Min.	If Under 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rutiches</u>	12. CITIZEN OF WHAT COUNTY?
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13. FATHER'S NAME <u>Robert Thomas Green</u>		14. MOTHER'S MAIDEN NAME <u>Alice Shepworth</u>		
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15. WAS DECEASED (Yes, no, or unknown) <u>yes</u>	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Bonnie Porter</u>	
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MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	DUE TO (b) <u>Chronic Myocarditis</u>			<u>5 yrs</u>
	DUE TO (c) <u>Chronic Hypertension</u>			<u>5 yrs</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X - 183-16</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour <u>Hour</u> Month <u>Month</u> , Day <u>Day</u> , Year <u>Year</u> a. m. p. m.				
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. 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 May 25, 1956 to May 25, 1956 that I last saw the deceased alive on May 25, 1956, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>6/18/56</u>	23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE (Degree or title) <u>Candel Wilson M.D.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/26/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shepworth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg County, Ky.</u>
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25a. DATE REC'D BY LOCAL REG. <u>6-18-56</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Porter-Washington-Bennell Funeral Home - Scalesboro, Ky.</u>
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