

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Muhlenberg			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham Kentucky		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Graham		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Johnny b. (Middle) Edward c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1960			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26 1889	9. AGE (In years last birthday) 70	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) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (State or foreign country) Muhlenberg County Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Green			14. MOTHER'S MAIDEN NAME Jeanetta Tyson			
15. WAS DECEASED (Yes, no, or unknown) No	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Jerry Haley			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive CV disease DUE TO (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 hr. 5 yr?
			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443 X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 a. m. , from the causes and on the date stated above.						
23a. DATE SIGNED 10/10/60		23b. ADDRESS Greenville, Ky		23c. SIGNATURE (Name) or (Title) [Signature]		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 8, 1960	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) Muhlenberg Co. Ky			
25a. DATE REC'D BY REG. 10-11-60	25b. REGISTRAR'S SIGNATURE Margaret Halge		26. FUNERAL DIRECTOR ADDRESS Gary's Funerals Home, Greenville, Ky.			