

## COMMONWEALTH OF KENTUCKY

State File No. \_\_\_\_\_

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistrar's No. 307Registration District No. 1085 Primary Registration District No. 7474

1. PLACE OF DEATH: Muhlenburg  
 (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kentucky (b) County Muhlenburg  
 (c) City or town Rural  
 (If outside city or town limits, write RURAL)  
 (d) Street No. E. Boggeas  
 (If multiple buildings, give building number)  
DELA  
 (e) If foreign born, how long in U. S. \_\_\_\_\_ years

3(a) FULL NAME Susan Elizabeth Greenwood

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

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced married6(b) Name of husband J. B. Greenwood6(c) Age of husband 78 Years7. Birth date of deceased Feb 10 1875  
(Month) (Day) (Year)8. AGE: Years 65 Months 7 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Ma Todd Co.10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Emmanuel Baynie13. Birthplace Mo.14. Maiden name Frances Marion15. Birthplace S. C.16(a) Informant's own signature Mrs. S. E. Hale(b) Address Greenville, Ky.17. BURIAL, CREMATION, OR REMOVAL  
Place Woodlan Date Sept 21, 194018(a) Signature of funeral director Parker & Gay(b) Address Greenville, Ky.19(a) 9-28-40 (Date received by local registrar) (b) James Cates (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 194021. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to 9-10 1940 that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_,  
and that death occurred on the date stated above at 9.30 P. M.

Immediate cause of death \_\_\_\_\_

Diabetic GangreneDue to Diabetes

Other conditions \_\_\_\_\_

Foot removed 13 yrs ago  
(include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

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 fall23. Signature E. J. Galt (M. D. or other)Address Greenville Ky Date signed 9-22-40DURATION  
18 yrs

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.