

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No.

24709

Registrar's No.

312

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2435

1. PLACE OF DEATH

(a) County Muhlenberg
(b) City or town Central City, Ky
(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 Ky (b) County Muhl.
(c) City or town Central City, Ky
(If outside city or town limits, write RURAL)(d) Street No. _____
(If rural give precinct)

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

3(a) FULL NAME

Marshall H. Giggis

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Sex

Male5. Color of hair White6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife

Mary Alice Sabien

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased

Feb 24 - 1882
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

6484

9. Birthplace

Indiana

10. Usual occupation

11. Industry or business

FATHER

12. Name

L. W. Giggis

13. Birthplace

Ind.

MOTHER

14. Maiden name

Nancy Englar

15. Birthplace

Ind.

16(a) Informant's name

Mrs. Mary A. Giggis

(b) Address

Central City, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place

Nelson Creek

Date

Oct 31, 1946

18(a) Signature of funeral director

W. K. Funeral Home

(b) Address

Central City, Ky

19(a)

November 5, 1946

(Date received by local registrar)

W. H. Starnes

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 30194621. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date stated above at 3:50 A M.Immediate cause of death myocarditis

DURATION

2 monthsDue to Purkinje

Other conditions

(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 _____

23(a) W. H. StarnesAddress Central City, Ky

(M. D. or other)

Date signed 11-1-46

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.