

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

52 15594

REGISTRAR'S NO. 174

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg				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 Cleaton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleaton		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION							
3. NAME OF DECEASED a. (First) Sylvester (Type or Print)			b. (Middle)			c. (Last) Hammers	
4. DATE OF DEATH		(Month) July		(Day) 11		(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7 1870		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY 42		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Hammers				14. MOTHER'S MAIDEN NAME (unk) Hunt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Georgia Young			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Bronchitis</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5021-093-28				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6 mo.</u> , 19 <u>  </u> to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>July 11</u> , 19 <u>52</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.							
23a. DATE SIGNED <u>July 14-52</u>		23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE <u>J.P. Patton M.D.</u> (Degree or title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Rochester		24d. LOCATION (City, town, or county) (State) Rochester, Kentucky	
25. DATE REC'D BY 7-16-52		25a. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky			

Walter