

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.

Form V-2-1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 8869

Registrar's No. 85

Registration District No. 1085

Primary Registration District No. 2435

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Muhlenberg</u></p> <p>(b) City or town <u>Central City</u> (If outside city or town limits, write RURAL)</p> <p>(c) Name of hospital or institution:</p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Kentucky</u> (b) County <u>Muhlenberg</u></p> <p>(c) City or town <u>Central City</u> (If outside city or town limits, write RURAL)</p> <p>(d) Street No. _____ (If rural give precinct)</p> <p>(e) If foreign born, how long in U. S. A.? _____ years</p>	
<p>(If not in hospital or institution write street number or location)</p> <p>(d) Length of stay: In hospital or community <u>35 years</u> (years, months or days)</p>		<p>3(a) FULL NAME <u>Matilda Hampton</u></p>	
<p>3(b) If veteran, _____ 3(c) Social Security No. _____</p> <p>Name war _____</p>		<p>MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>April 1</u> 19<u>45</u></p>	
<p>4. Sex <u>Female</u> 5. Color or race <u>Negro</u> 6(a) Single <u>Married</u>, divorced _____</p>		<p>21. I hereby certify that I attended the deceased from <u>April 1</u> 19<u>45</u> to <u>April 1</u> 19<u>45</u> 19____, that I last saw him alive on <u>April 1</u> 19<u>45</u> 19____, and that death occurred on the date stated above at _____ M.</p>	
<p>6(b) Name of husband or wife _____</p> <p>6(c) Age of husband or wife if alive _____ Years</p>		<p>Immediate cause of death <u>Coronary Arteriosclerosis</u> DURATION <u>1 hr</u></p>	
<p>7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)</p>		<p>Due to <u>no cause found</u></p>	
<p>8. AGE: <u>about 68</u> Months _____ Days _____ If less than one day _____ hr. _____ min.</p>		<p>Other conditions _____ (Include pregnancy within 3 months of death)</p>	
<p>9. Birthplace <u>Muhlenberg Co</u></p>		<p>Major findings: <u>94A</u></p>	
<p>10. Usual occupation _____</p>		<p>Of operations _____</p>	
<p>11. Industry or business _____</p>		<p>Of autopsy _____</p>	
<p>FATHER { 12. Name <u>Yost Nicklief</u></p>		<p>22. If death was due to external causes, fill in the following:</p>	
<p>13. Birthplace <u>Muhlenberg Co</u></p>		<p>(a) Accident, suicide, or homicide (specify) _____</p>	
<p>MOTHER { 14. Maiden name <u>Emily Gatten</u></p>		<p>(b) Date of occurrence _____</p>	
<p>15. Birthplace <u>Va</u></p>		<p>(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)</p>	
<p>16(a) Informant's own signature <u>Mary Crowe</u></p>		<p>While at work? _____ (e) Means of injury _____</p>	
<p>(b) Address <u>Central City</u></p>		<p>23. Signature <u>J. H. ...</u> (M. D. or other) _____</p>	
<p>17. BURIAL, CREMATION, OR REMOVAL</p> <p>Place <u>South Carrollton</u> Date <u>4/6</u> 19<u>45</u></p>		<p>Address <u>Central City 74</u> Date signed <u>4/20/45</u></p>	
<p>18(a) Signature of funeral director <u>Eugene S. Elliott</u></p>		<p>19(a) <u>4-25-45</u> (Date received by local registrar) (b) <u>Mrs. Marie ...</u> (Registrar's signature)</p>	