

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13306

File No.

Registered No. 140

1. PLACE OF DEATH

County MuhlenbergVot. Pat. Paradise KyRegistration District No. 1085Ino. Town #6Primary Registration District 2436City Summitville

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Community Hospital, Greenville Ky.)

2. FULL NAME Foster L. Helsley(a) Residence No. Paradise Ky

(Usual place of abode)

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Memie Belle Helsley6. DATE OF BIRTH 12-27-1884

7. AGE

55

Years

3

Months

13

Days

If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenberg Co. Ky.13. NAME P. Green Helsley14. BIRTHPLACE Muhlenberg Co. Ky.15. MAIDEN NAME Belle DeFoyater16. BIRTHPLACE Muhlenberg Co. Ky.17. INFORMANT Clyde Helsley(Address) Paradise Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Beare Cemetery Date Apr. 11, 194019. UNDERTAKER J. R. Kinman(Address) Drakesboro Ky.20. FILED 4-11-40

1940

James Tate

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 10, 194022. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1940 to Apr 10, 1940I last saw deceased alive on Apr 9, 1940, death is said to have occurred on the date stated above, at 7 a. m. The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Hypertension Internal system 1939Edema of feet and legs 1940

Contributory cause of importance not related to principal cause:

Lobar Pneumonia Mar 20, 1940Edema of Lungs Apr 1, 1940Name of operation None Date of NoneWhat test confirmed diagnosis? There was an autopsy23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None date of injury None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) H. D. Newman M. D.(Address) Drakesboro Ky.

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. See instructions on back of certificate.