

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <b>Muhlenberg</b>			2. USUAL RESIDENCE a. STATE <b>Ky.</b> b. COUNTY <b>Muhlenberg</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Greenville</b>		c. LENGTH OF STAY (in days) <b>01</b>	c. CITY OR TOWN <b>Central City</b>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Muhlenberg Comm. Hosp</b>			d. STREET ADDRESS <b>IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>		
3. NAME OF DECEASED (Type or Print) <b>Connie Henry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10, 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 22, 1885</b>		9. AGE (In years last birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>00</b>	11. BIRTHPLACE (State or foreign country) <b>McLean Co. Ky</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>Enoch Brown</b>			14. MOTHER'S MAIDEN NAME <b>Martha Pender</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Howard Henry</b>			

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>uremia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive Cardiovascular disease</b>		10 years		
		DUE TO (c) <b>44-E-X-083-16</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chloroquine Fracture right leg</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) <b>Fell in yard approx Oct 20, 1956</b>			
21b. TIME OF INJURY Hour <b>9:30</b> Month <b>10</b> Day <b>20</b> Year <b>1956</b>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Yard at home</b>		21a. CITY, TOWN, OR LOCATION <b>Central City</b>	COUNTY <b>Muhle</b>	STATE <b>Ky</b>
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>10-11-1956</b> to <b>11-10-1956</b> , that I last saw the deceased alive on <b>11-10-1956</b> , and that death occurred at <b>_____</b> m., from the causes and on the date stated above.				
23a. DATE SIGNED <b>11-14-56</b>		23b. ADDRESS <b>Central City, Ky</b>		23c. SIGNATURE <b>Thomas K. Kelly M. R.</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 10, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>	24d. LOCATION (City, town, or county) (State) <b>Central City, Ky.</b>			
25a. DATE REC'D BY LOCAL REG. <b>11-19-56</b>	25b. REGISTRAR'S SIGNATURE <b>Margaret Hobbs</b>		25. FUNERAL DIRECTOR <b>Tucker Funeral Home Central City, Ky.</b>			