

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

State File No. **3624**Registrar's No. **51**

Registration District No. **1085** Primary Registration District No. **2436**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Muhlenberg</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Greenville</b> c. LENGTH OF STAY (in this place) <b>01</b> d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION <b>Muhlenberg Community Hosp</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Muhlenberg</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Central City</b> d. STREET ADDRESS (If rural, give location)					
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>James</b> b. (Middle) <b>David</b> c. (Last) <b>Higgs</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan 30 1949</b>						
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>Jan 29-1949</b>	<b>9. AGE (In years last birthday)</b> <b>1</b>	<b>If Under Months</b> <b>1</b>	<b>If Under Days</b> <b>1</b>	<b>If Under Hours</b> <b>1</b>	<b>24 Hrs. Min.</b> <b>1</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Kentucky</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13. FATHER'S NAME</b> <b>Emmett W Higgs</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Frieda Lee</b>				
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <b>Emmett W Higgs</b>				
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> <b>MEDICAL CERTIFICATION</b> (a) <b>Measles (Pneumonia)</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c)					<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>776X-159</b>					<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT (Specify)</b> <b>SUICIDE</b> <b>HOMICIDE</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg. etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>				
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>				
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>								
<b>23a. DATE SIGNED</b> <b>2-2-49</b>		<b>23b. ADDRESS</b> <b>Central City Ky</b>		<b>23c. SIGNATURE</b> <b>J. P. Walton M.D.</b> (Degree or title)				
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Jan 31</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairmount</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Central City Ky</b>		
<b>25a. DATE REC'D BY</b> <b>2/9/49</b>		<b>25b. REGISTRAR'S SIGNATURE</b> <b>Margerie Hodge</b>		<b>26. FUNERAL DIRECTOR ADDRESS</b> <b>Tucker Funeral Home Central City Ky.</b>				