

Registration District No. 920

Primary Registration District No. 6811

1. PLACE OF DEATH a. COUNTY <u>Logan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Logan</u>	
b. CITY (If outside corporate limits: write RURAL and give township) OR TOWN <u>Russellville</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Russellville</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenville Road</u>		d. STREET ADDRESS <u>Greenville Road</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie Belle</u> b. (Middle) <u>Turner</u> c. (Last) <u>Hinton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 31, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1891</u>
9. AGE (In years last birthday) <u>64</u>		If Under 1 Year: Months <u>10</u> Days <u>24</u>	If Under 24 Hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Lenrod, Ky.</u>
13. FATHER'S NAME <u>Dr. Thomas Granville Turner</u>		14. MOTHER'S MAIDEN NAME <u>Mary Thomas Causey</u>	
15. WAS DECEASED (Yes, no, or unknown) <u>no</u>	16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Fred G. Hinton (Husband)</u>

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis -</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which give rise to above cause (a) stating the underlying cause last.	DUE TO (b) <u>Paralytic Agitation</u>	
	DUE TO (c) <u>Parkinson's Disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>SEX - 078-34</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input 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.)	
21b. TIME OF INJURY Hour Month, Day, Year		
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION COUNTY STATE

22. I hereby certify that I attended the deceased from May 1956 to Aug 31, 1956, that I last saw the deceased alive on Aug. 30, 1956, and that death occurred at 8:00 AM., from the causes and on the date stated above.

23a. DATE SIGNED <u>Aug 31, 56</u>	23b. ADDRESS <u>Russellville Ky</u>	23c. SIGNATURE <u>J. E. Johnson M.D.</u> (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunmor Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Muhlenberg County, Ky.</u>		25a. FUNERAL DIRECTOR <u>Richardson Funeral Home</u> ADDRESS <u>Russellville, Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>9/22/56</u>	25b. REGISTRAR'S SIGNATURE <u>Mary Stoga Henry</u>	