

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. 21625
Registrar's No. 267

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhl. Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Martinsburg</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Martinsburg</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Hoops</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 30, 1948</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (In years last birthday) <u>1</u> If Under Months <u>7</u> 1 Year If Under Hours <u>1</u> 24 Hrs. Min.
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Walter James Hoops</u>		14. MOTHER'S MAIDEN NAME <u>Venita M. Ray</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>WJ Hoops</u>	
17. INFORMANT <u>WJ Hoops</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus (Congenital)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>752 X - 15714</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 30, 1949</u> to <u>Oct 2, 1949</u> , that I last saw the deceased alive on <u>Oct 2, 1949</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>Oct 13</u>	23b. ADDRESS <u>Central City Ky</u>	23c. SIGNATURE <u>P. P. Hallum MD</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Muhl. Co. Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>10-15-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margie Edge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Lucas Funeral Home Central City, Ky</u>	