

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

51 16947
State File No. 118-
Registrar's No. 180

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nelson, Ky.</u>				c. LENGTH OF STAY (in this place)			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Nelson, Ky.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Nelson, Ky.</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Howerton</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-51</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-31-1865</u>	
9. AGE (In years last birthday) <u>85</u>		If Under Months		1 Year Days		If Under Hours 24 Hrs Min.	
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			
11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co., Ky.</u>				12. CITIZEN OF <u>USA</u>			
13. FATHER'S NAME <u>John B. Thompson</u>				14. MOTHER'S MAIDEN NAME <u>Angeline Woodburn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Mrs. Pearl Lewis</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>176X-051-14</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-1-</u> , 19 <u>51</u> , to <u>7-24-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>51</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED		23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE (Degree or title) <u>Ch. G. Crowder M.D.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7/25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ross Hill Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Central City, Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>8-16-51</u>		25b. REGISTRAR'S SIGNATURE <u>Margerie Hodge</u>		26. FUNERAL DIRECTOR ADDRESS <u>Anderson Funeral Home Central City, Ky.</u>			

Dr. Brockman & Crowder