

FEDERAL BUREAU OF INVESTIGATION
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

55-23504

272

REGISTRAR'S NO.

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE Ky b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Greenville		c. LENGTH OF STAY (in this place) 01	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Greenville		d. STREET ADDRESS (If rural, give location) Route 3 Box I
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Muhlenberg Co Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Jane	c. (Last) Hurt	4. DATE OF DEATH (Month) (Day) (Year) Oct 24 55	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/18/91	9. AGE (In years last birthday) 64	10. INTERVAL BETWEEN ONSET AND DEATH 4 wks.
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) Muhlenberg Co Ky		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Williams			14. MOTHER'S MAIDEN NAME Hanner Bard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (This, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Beatrice Pittman		
18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Failure</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Hypertension; Coronary Disease</u>				
	DUE TO (c)				
11. 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 443X - 083-10		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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: 10-16-1955, to 10-24-1955, that I last saw the deceased alive on 10-27-1955, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED 10-28-55	23b. ADDRESS Central City, Ky.	23c. SIGNATURE W. H. Hain, M.D.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/27/55	24c. NAME OF CEMETERY OR CRYPTAGE New Mt. Zion	24d. LOCATION (City, town, or county) (State) #64 Graham Ky		
25a. DATE REC'D BY 10-27-55	25b. REGISTRAR'S SIGNATURE Richard W. Walker	LOCAL REGISTRAR	26. FUNERAL DIRECTOR August S. Elliot	ADDRESS Greenville Ky	
	DEPUTY				