

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

FILE NO. 116

52

15584

REGISTRAR'S NO.

179

Registration District No.

1085

Primary Registration District No.

2436

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) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>Other life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u> b. (Middle) <u>—</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-7-52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1890</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year If Under 24 Hrs Months Days Hours 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 <u>88</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>John Reynolds</u>			14. MOTHER'S MAIDEN NAME <u>Lucy Reynolds</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT <u>Eula B. Watson</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart attack</u>				
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Extreme high blood pressure and a chronic heart condition</u>				
	DUE TO (c) <u>heart condition</u>				
	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>443X-083-17</u>				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 WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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.					
23a. DATE SIGNED <u>7-7-52</u>	23b. ADDRESS <u>Central City, Ky.</u>		23c. SIGNATURE (Typed name or title) <u>James E. Craft, J. Corcoran</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-11-52</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Reynolds Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville Rural - Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>7-16-52</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Marguerite Dodge</u>		26. FUNERAL DIRECTOR ADDRESS <u>Kayrene Elliott Greenville Ky</u>		