

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 54 1465  
REGISTRAR'S NO. 26

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Mulllenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Mulllenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton Rural</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Ruth</u> b. (Middle) <u>SIMMONS</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 18, 1886</u>	9. AGE (In years last birthday) <u>67</u>
			If Under 1 Year	If Under 1 Year
			Months	Days
			If Under 1 Year	If Under 1 Year
			Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if changed)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Housekeeper</u>	<u>Own Home</u>	<u>Kentucky</u>	<u>U.S.A.</u>

13. FATHER'S NAME <u>J. G. Simmons 88</u>	14. MOTHER'S MAIDEN NAME <u>Jennie Craig</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. E. H. Small</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera Pneumonia</u> ANTECEDENT CAUSES <u>in poor health for several years.</u> DUE TO (b) _____ 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 <u>493 X - 091 - 19</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	21e. INJURY OCCURRED WHILE AT <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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. DATE SIGNED <u>1/14/54</u>	23b. ADDRESS <u>Box 91 Clifton Ky</u>	23c. SIGNATURE (Degree or title) <u>D. D. Raley Coroner</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mulllenberg County Ky</u>
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25a. DATE REC'D BY LOCAL REG. <u>2-1-54</u>	25b. REGISTRAR'S SIGNATURE <u>Margerie Fudge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Parke-Washington-Pearce Funeral Home - Drakeboro, Ky.</u>
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