

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, Ky.</u>		c. CITY OR TOWN <u>Browder, Ky.</u>	
c. LENGTH OF STAY (in this place)		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Muhl. Co. Comm. Hospital</u>		d. STREET ADDRESS (IS RESIDENCE INSIDE CITY LIMITS?) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Sherbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 31 59</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Jones, Jr.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-24-43</u>
9. AGE (In years last birthday) <u>15</u>		If Under 1 Year Months Days Hours Min.	
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Browder, Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Sherbert Jones, Sr.</u>	
14. MOTHER'S MAIDEN NAME <u>Vada Hurtt</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Vada Jones</u>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Carcinoma, origin site not known</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY a. m. p. m. _____			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>5-24-1958</u> to <u>3-31-1959</u> , 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>4-3-59</u>	23b. ADDRESS <u>Central City, Ky.</u>	23c. SIGNATURE (Degree or title) <u>William M. S.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-3-59</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Rhodes Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>4-7-59</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Marymar Hodge</u>	25. FUNERAL DIRECTOR ADDRESS <u>Ms. Blanche G. Elliott Greenville, Ky.</u>	