

Registration District No. 1085 Primary Registration District No. 7471

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|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u> | | | 2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u> | | |
| b. CITY (If outside corporate limits, write SERIAL and TOWN) <u>Trakesboro Ky</u> | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Trakesboro</u> | | IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trakesboro Ky</u> | | | d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 3. NAME OF DECEASED a. (First) <u>Harlan</u> b. (Middle) <u>W.</u> c. (Last) <u>Kirtley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 - 1960</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>12-10-1878</u> | | 9. AGE (In years last birthday) <u>81</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>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OO</u> | 11. BIRTH PLACE (State or foreign country) <u>Muhlenberg Co Ky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Garlow Kirtley</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary Schacklett</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>443X</u> | 17. INFORMANT <u>Howard Kirtley</u> | | |
| 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): <u>443X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | | | 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 Hour <u>10-10</u> Month <u>10</u> Day <u>4</u> Year <u>1960</u> | | | | | |
| 21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21d. PLACE OF INJURY (a. 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>10-10</u> , 19 <u>60</u> , to <u>10-4</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>60</u> , and that death occurred at <u>8:30 AM</u> from the causes and on the date stated above. | | | | | |
| 23a. DATE SIGNED <u>10-11-60</u> | | 23b. ADDRESS <u>Greenville Ky</u> | | 23c. SIGNATURE (Death or Title) <u>Thylman H Woodson J.M.D.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-6-60</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Central City Ky</u> | | |
| 25a. DATE REC'D BY LOCAL REG. <u>10-14-60</u> | | 25b. REGISTRAR'S SIGNATURE <u>Maxine Hodge</u> | | 26. FUNERAL DIRECTOR ADDRESS <u>Jucker Funeral Home Central City, Ky</u> | |

MEDICAL CERTIFICATION