

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

24698

Registrar's No.

318

Registration District No.

1085

Primary Registration District No.

2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)

(d) Street No. 226 Chestnut St.
(If rural give precinct)

(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME

Cordia Adkins Lovell

3(b) If veteran,

Name war _____

3(c) Social Security

No. _____

4. Sex female 5. Color or race white 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Lucian Lovell

6(c) Age of husband or wife if alive 79 Years

7. Birth date of deceased Oct. 14 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days 20 If less than one day hr. _____ min. _____

9. Birthplace Muhlenberg Co.

10. Usual occupation Housekeeper

11. Industry or business _____

FATHER { 12. Name S. M. Adkins

13. Birthplace Tenn.

MOTHER { 14. Maiden name Lucinda Bell

15. Birthplace Muhlenberg

16(a) Informant's own signature E. H. Lovell

(b) Address 1915 Fairview St Greenville

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date Nov. 4 1946

18(a) Signature of funeral director J. Irvin Hays

(b) Address Greenville, Ky

19(a) 11-8-46

(Date received by local registrar)

(b) Margaret Dodge

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1946

21. I hereby certify that I attended the deceased from June 1946 to 11-3-46 19____ that I last saw him alive on 11-3-46 19____ and that death occurred on the date stated above at 1:00 P. M.

Immediate cause of death

Thrombosis popliteal Artery

DURATION

18 hr.

Due to Hypertensive C.V. disease Many Yrs.

Other conditions Regenerative anemia 10 Yrs.
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature H. F. Brockman M.D.

(M. D. or other)

Address Greenville

Date signed 11-9-46