

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICSState File No. 51 2510
Registrar's No. 25

CERTIFICATE OF DEATH

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>TG</u> b. COUNTY <u>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		d. STREET ADDRESS (If rural, give location) <u>Paradise st</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Elmer</u> c. (Last) <u>McCracken</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2-1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan-15-1880</u>	9. AGE (In years last birthday) <u>71</u>	10. If Under 1 Year If Under 24 Hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier Postoff</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Henry C. McCracken</u>			14. MOTHER'S MAIDEN NAME <u>Laura Ellen Green-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Elizabeth McCracken</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Sclerosis</u> DUE TO (c) <u>Smoking</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>Greenville Muhlenberg TG</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <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 <u>July</u> , 19 <u>32</u> , to <u>2-2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>51</u> , and that death occurred at <u>6 Am.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>2-2-51</u>	23b. ADDRESS <u>Greenville TG</u>		23c. SIGNATURE (Degree or title) <u>W. D. Simpson MD</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenville, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>2-14-51</u>	25b. REGISTRAR'S SIGNATURE <u>Marguerite Adge</u>	26. FUNERAL DIRECTOR ADDRESS <u>John Brown Gray - Greenville, Ky.</u>			