

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. 18185  
Registrar's No. 229

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:  
 (a) County Muhlenberg  
 (b) City or town Greenville  
(If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:  
Muhlenberg County Com. Hosp.  
(If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community 21  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ky. (b) County Todd  
 (c) City or town Rural  
(If outside city or town limits, write RURAL)  
 (d) ~~Street No.~~ Shelton School House  
(If rural give precinct)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Bessie Noren M. E. Lwain

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 widowed

6(b) Name of husband or wife U. J. M. E. Lwain

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

7. Birth date of deceased Dec 4 1901  
(Month) (Day) (Year)

8. AGE: Years 44 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Todd County

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

FATHER { 12. Name John Robert Slaughter

13. Birthplace Todd Co.

MOTHER { 14. Maiden name Vivie Mitchel

15. Birthplace Todd Co.

16(a) Informant's own signature Felenda Willis

(b) Address Dumman Ky

17. BURIAL, CREMATION, OR REMOVAL  
 Place Slaughter's B. H. Date Aug. 26, 1946

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

(b) Address Greenville, Ky

19(a) 8-31-46 (Date received by local registrar) (b) Marjorie Hald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 19 46

21. I hereby certify that I attended the deceased from 8-4-46 19 \_\_\_\_\_ to 8-25-46 19 \_\_\_\_\_, that I last saw him alive on 8-25-46 19 \_\_\_\_\_, and that death occurred on the date stated above at 5:00 P.M.

Immediate cause of death Peritonitis DURATION \_\_\_\_\_

Due to Basal obstruction, sigmoid 30" of lumen

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 12-12-12

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 [Signature] (M. D. or other)

Address Greenville Ky Date signed 8-28-46