

COMMONWEALTH OF KENTUCKY

52

6057

Form V. S. 1-A

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 97

Registration District No. 1085

Primary Registration District No. 7471

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. TOWN <u>Muhlenberg</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural R. 2. Greenville</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u>					
3. NAME OF DECEASED a. (First) <u>Willard</u> (Type or Print)			b. (Middle)		c. (Last) <u>M<sup>o</sup> Ghee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>unknown about 70</u>	9. AGE (In years last birthday)	If Under Months	If Under 1 Year Days	If Under 24 Hrs Hours	If Under 94 Hrs Min.
10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>		11. BIRTHPLACE (State or foreign country) <u>Todd Co Ky</u>		12. CITIZEN OF U.S.A. <u>U.S.A.</u>		
13. FATHER'S NAME <u>Tom M<sup>o</sup> Ghee</u>				14. MOTHER'S MAIDEN NAME <u>Nannie Wells</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Bennie M<sup>o</sup> Ghee.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension (last disease)</u>							
		ANTECEDENT CAUSES							
		DUE TO (b) _____							
		DUE TO (c) _____							
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X - 083 - 17</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>3-29-52</u> to <u>3-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 3-29, 1952</u> , and that death occurred at <u>1:15</u> a. m., from the causes and on the date stated above.									
23a. DATE SIGNED <u>3-29-52</u>		23b. ADDRESS <u>Greenville Ky</u>			23c. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/1/52</u>		24c. NAME OF CEMETERY OR ORNAMENTARY <u>Fernigans Chapel cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville R. R. 2 Ky.</u>			
25. DATE REC'D BY LOCAL OFFICE <u>4-24-52</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Hady</u>							
				26. FUNERAL DIRECTOR <u>J. Iron Gary</u>		ADDRESS <u>Greenville, Ky</u>			