

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING 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.

Registrar's No.

29845
38315

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: County Institution
(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 Rural
(If outside city or town limits, write RURAL)
(d) Street No. North East Biggers
(If rural give precinct)
(e) If foreign born, how long in U. S. A. ? _____ years

3(a) FULL NAME Edna Mae Mellison

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

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

6(b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 16 Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ed Mathis

13. Birthplace Ky

14. Maiden name Lula Breuninger

15. Birthplace Ky

16(a) Informant's own signature Frank Carley

(b) Address Brewville - Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Gate B. B. Date Dec-4 1941

18(a) Signature of funeral director Parson & Sons

(b) Address Brewville Ky

19(a) 12-5-41 (Date received by local registrar)

(b) Jane Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1941

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____, that I last saw him alive on _____ 19 _____, and that death occurred on the date stated above at 8 P.M.

Immediate cause of death Transition

Due to Vascular tumor arising from vertebral column

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations Vascular tumor arising from vertebral column
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? _____ (a) Means of injury _____

23. Signature A. F. Buchanan M.D. (M. D. of other)

Address Brewville Date signed 12-4-41