

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. 58979
Registrar's No. 27979

Registration District No. 1085 Primary Jurisdiction District No. 7471

1. PLACE OF DEATH: (a) County Muhlenberg (b) City or town Gray (c) Name of hospital or 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 Muhl. (c) City or town _____ (If outside city or town limits, write RURAL) (d) Street No. _____ (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Sallie Muncie
3(b) If veteran, _____ 3(c) Social Security _____
Name was _____ No. _____
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced _____
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased Mar 17 1896 (Month) (Day) (Year)

8. AGE: 67 Years 3 Months 3 Days If less than one day hr. _____ min. _____
9. Birthplace Muhlenberg Co. Ky.
10. Usual occupation Housewife
11. Industry or business _____
FATHER { 12. Name John Lee
13. Birthplace Ky.
MOTHER { 14. Maiden name Sent Snow
15. Birthplace Mo.

16(a) Informant's own signature Sargent Muncie
(b) Address Gray, Ky.
17. BURIAL, CREMATION, OR REMOVAL Burial Place Providence Date 11/25/43
18(a) Signature of funeral director Greenwell
(b) Address Greenwell, Ky.
19(a) 11-15-43 (Date received by local registrar) Jane R. Luce (Registrar's signature)

20. DATE OF DEATH Nov 24 1943
21. I hereby certify that I attended the deceased from Nov. 17 1943 to Nov. 24 1943 that I last saw him alive on Nov. 1943 and that death occurred on the date stated above at _____ M.
Immediate cause of death Broncho Pneumonia
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations 107
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 L. G. Cragbrite M.D. (M. D. or other)
Address Greenwell, Ky. Date signed Nov. 24

58979