

15644

COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. 146

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town _____
(If outside city or town limits, write RURAL)

(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 Kentucky (b) County Muhlenberg

(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 Sara Ann Mercer

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

3(c) Social Security No. _____

4. Sex Female 5. Color White 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 March 2 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 11 If less than one day hr. _____ min.

9. Birthplace Muhlenberg Co

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Anderson Ball

13. Birthplace North Carolina

MOTHER { 14. Maiden name Cena Shanks

15. Birthplace North Carolina

16(a) Informant's own signature Elsa J. Cobb

(b) Address 1435 Norton Louisville Ky

17. BURIAL, CREMATION, OR REMOVAL
Place East Union Date July 21, 1945

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

(b) Address Greenville, Ky.

19(a) 7-20-45 (Date received by local registrar)
(b) Marjorie Haly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1945

21. I hereby certify that I attended the deceased from June 10 1945 to July 20 1945; that I last saw him alive on July 19 1945 and that death occurred on the date stated above at 2 M.

Immediate cause of death _____

Chronic Myocarditis DURATION 8 yrs

Due to _____

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: with hypertension & senility

Of operations 93B - 162B

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 Janet Wilson M.D. (M. D. or other)

Address Greenville Ky Date signed 7/20/45

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.