

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 3628Registrar's No. 54Registration 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. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Luzerne</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Luzerne</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>none</u>						
3. NAME OF DECEASED a. (First) <u>Robert</u> (Type or Print)			b. (Middle)	c. (Last) <u>Mitchell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 - 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 17 - 1948</u>	9. AGE (In years last birthday)	If Under 1 Year Months <u>6</u>	If Under 24 Hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Luzerne Ky Muhlenberg Co</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Jack Mitchell</u>			14. MOTHER'S MAIDEN NAME <u>Anna Middleton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Jack Mitchell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	18. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown. Had been</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>suffering with a cold</u>	DUE TO (c) <u>for a week</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>470X - 104A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>L. Pn.</u> , from the causes and on the date stated above.						
23a. DATE SIGNED <u>2-9-49</u>	23b. ADDRESS <u>Greenwich, Ky</u>		23c. SIGNATURE <u>Howard F. Harkins, Coroner</u> (Degree or title)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Greenwich</u>	24b. DATE <u>1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwich Cemetery Feb 5 - 1949</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co Ky</u>			
25a. DATE REC'D BY LOCAL REG. <u>2-9-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		25c. FUNERAL DIRECTOR <u>Raymond Home-Beauville</u> ADDRESS			