

## COMMONWEALTH OF KENTUCKY

State File No. 15305

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistrar's No. 59Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlb.</u>	(a) State <u>Ky.</u>	(b) County <u>Muhlb.</u>	
(b) City or town <u>Drekesboro</u> (If outside city or town limits, write RURAL)	(c) City or town <u>Rural</u> (If outside city or town limits write RURAL)		
(c) Name of hospital or institution: <u>45</u>	(d) Street No. _____ (If rural give precinct)		
(If not in hospital or institution write street number or location)	(e) If foreign born, how long in U. S. A. _____ years		
(d) Length of stay: In hospital or community _____ (years, months or days)			

3(a) FULL NAME Mary Katherine Masely

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F. 5. Color or race Col. 6(a) Single, widowed, married, divorced widow6(b) Name of husband or wife Ed Masely6(c) Age of husband or wife if alive Deceased Years \_\_\_\_\_7. Birth date of deceased March 2, 1862  
(Month) (Day) (Year)8. AGE: Years 81 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Mehlenberg County10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lewis Smith13. Birthplace Unknown14. Maiden name Mary Smith15. Birthplace Unknown16(a) Informant's own signature Mabel Henry(b) Address Central City, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Smith Cemetery Date 2-27-4418(a) Signature of funeral director Smith's Fun. Home(b) Address Drekesboro, Ky.19(a) 3-4-44 (Date received by local registrar) (b) Jane H. Lovell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24, 194421. I hereby certify that I attended the deceased from Feb. 23, 1944  
to 2-24 1944 that I last saw h. alive on \_\_\_\_\_is \_\_\_\_\_, and that death occurred on the date  
stated above at 2:30 P. M.Immediate cause of death TuberculosisLungs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 13 B

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 J. S. Fitchugh  
(M. D. or other)Address Central City, Ky. Date signed 2-26-44

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.