

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. 21623  
Registrar's No. 273

Registration District No. 1085 Primary Registration District No. 2436

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>Greenville</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Greenville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Muhlenberg Co. Gen. Hosp.</u>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>Celvina</u> c. (Last) <u>Munday</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19. 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 10. 1912</u>	9. AGE (In years last birthday) <u>37</u>	If Under Months 1 Year Days If Under Hours 24 Hr. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>W.N. Wise</u>			14. MOTHER'S MAIDEN NAME <u>Maude Tate</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Halmadge Munday</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			?		
	DUE TO (b) <u>Ca of Liver</u>			?		
	DUE TO (c) <u>Ca of Breast</u>			<u>1947</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170 X - 50</u>					
19a. DATE OF OPERATION <u>April 1947</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of Breast</u>			20. AUTOPSY? YES <input checked="" 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) <u>Greenville muhl. Ky</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <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 <u>Ohio</u> , 1947, to <u>Oct</u> , 1949, that I last saw the deceased alive on <u>10-19</u> , 1949, and that death occurred at <u>2 Pm</u> , from the causes and on the date stated above.						
23a. DATE SIGNED <u>10-22</u>	23b. ADDRESS <u>Greenville Ky</u>		23c. SIGNATURE (Degree or title) <u>[Signature]</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. Ky</u>			
25a. DATE REC'D BY LOCAL REG. <u>10-25-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Halge</u>		25c. FUNERAL DIRECTOR'S ADDRESS <u>J. Simpson - Greenville Ky</u>			