

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116 56- 23870

REGISTRAR'S NO. 268

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH  
a. COUNTY

Muhlenberg

2. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

a. STATE Kentucky b. COUNTY Muhlenberg

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky. 01

c. LENGTH OF STAY (in this place) 4 das.

c. CITY OR TOWN Central City, Ky.

IS RESIDENCE ON A FARM? YES  NO

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Muhlenberg Co. Community Hosp.

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS? YES  NO

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

Clifton

Nall

4. DATE OF DEATH

(Month) (Day) (Year)  
11 19 56

5. SEX

Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH

11/27/1901

9. AGE (In years last birthday) 54

If Under 1 Year If Under 24 Hrs.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY 4'

11. BIRTHPLACE (State or foreign country) Molesan County, Ky.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

E. C. Nall

14. MOTHER'S MAIDEN NAME Carrie Thomas

15. WAS DECEASED (Yes, no, or unknown) No

EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY

17. INFORMANT

Hester, Nall

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Heart Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

Peptic Ulcer

1-1-081-16

19. WAS AUTOPSY PERFORMED? YES  NO

MEDICAL CERTIFICATION

20. ACCIDENT SUICIDE HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)

21b. TIME OF INJURY

Hour Month, Day, Year  
a. m. p. m.

21c. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21e. CITY, TOWN, OR LOCATION

COUNTY STATE

22. I hereby certify that I attended the deceased from 11-16-1956 to 11-19-1956, that I last saw the deceased alive on 11-19-1956, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. DATE SIGNED 11-21-56

23b. ADDRESS Central City, Ky.

23c. SIGNATURE

Jordan, M.D.

(Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/28/56

24c. NAME OF CEMETERY OR CREMATORY Sacramento (Ky)

24d. LOCATION (City, town, or county) Sacramento, Ky.

(State)

25a. DATE REC'D BY LOCAL REG. 11-21-56

25b. REGISTRAR'S SIGNATURE

Miss. Marguerite Hodge

25. FUNERAL DIRECTOR

Mrs. Blancha G. Elliott

ADDRESS

Greenville, Ky.