

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

REG. NO. 016

55-23508

REGISTRATION DISTRICT NO. 277

Registration District No. 1085

Primary Registration District No. 2496

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Greenville, Ky.</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Greenville, Ky.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or) HOSPITAL INSTITUTION <u>Muhlenberg Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED a. (First) <u>James</u> (Type or Print) b. (Middle) <u>H.</u> c. (Last) <u>Newman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 19, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>80</u>
11. BIRTHPLACE (State or foreign country) <u>Muhlenberg County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Newman</u>		14. MOTHER'S MAIDEN NAME <u>Bettie Barber</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>DATE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Co. Stomach - Consumption</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Adm.</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>151X - 046-12</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year)		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>8-29-1955</u> to <u>10-21-1955</u> , that I last saw the deceased alive on <u>10-21-1955</u> , and that death occurred at <u>7:30 P. m.</u> from the cause and on the date stated above.			
23a. DATE SIGNED <u>10-31-55</u>		23b. ADDRESS <u>Greenville, Ky.</u>	
23c. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 24 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. - Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>11-10-55</u>	
25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25c. FUNERAL DIRECTOR <u>Gary's Funeral Home - Greenville, Ky.</u>	
LOCAL DEPUTY		ADDRESS	