

COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. 84

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville
(c) Name of hospital or institution: Unionberg Comm. Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 4 Days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME Adison Oliver

3(b) If veteran, _____ 3(c) Social Security No. _____

Name was _____ No. _____

4. Sex Male 5. Color & negro _____ 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife Lettie Oliver

6(c) Age of husband or wife if alive 61 Years

7. Birth date of deceased Sept. 9 1870
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days _____
If less than one day hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation Coal Miner

11. Industry or business _____

FATHER { 12. Name John Oliver

13. Birthplace Pont Know

MOTHER { 14. Maiden name Kittie Oates

15. Birthplace Muhlenberg

16(a) Informant's own signature Bernes J. Bibbs

(b) Address Greenville Ky

17. BURIAL, CREMATION OR INTERMENT

Place Greenville Ky Date 3/11/46

18(a) Signature of funeral director Raymond S. Elliott

(b) Address Greenville Ky

19(a) 4-2-46 (Date received by local registrar) (b) Mr. Maxine Daly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9/46

21. I hereby certify that I attended the deceased from Mar. 3 1946 to March 9 1946 that I last saw him alive or stated above at 8 P. M.

Immediate cause of death Ruptured appendix with generalized peritonitis DURATION 12 days

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations 121-129

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, vehicle, 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? _____ (d) Means of injury _____

23. Signature Festo Morrison MD

Address Greenville, Ky Date signed 4-7-46

(b) _____

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.

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