

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 40301

Registrar's No. _____

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)(d) Length of stay: in hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. Nelson #1
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Joe Oller

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

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Allie Oller6(c) Age of husband or wife if alive 64 Years7. Birth date of deceased Mar 2, 1878
(Month) (Day) (Year)8. AGE: Years 65 Months 5 Days 2 If less than one day hr. _____ min. _____9. Birthplace Harrodsburg, Ky10. Usual occupation mining

11. Industry or business _____

FATHER { 12. Name George Oller13. Birthplace Hobson Co., Ky.MOTHER { 14. Maiden name Liddie Duncan15. Birthplace Harrodsburg, Ky.16(a) Informant's own signature Allie Oller(b) Address Central City R.R.

17. BURIAL, CREMATION, OR REMOVAL

Place Nelson Creek Date April 11, 194418(a) Signature of funeral director J. Lewis May(b) Address Greenville, Ky.19(a) 4-18-44 (Date received by local registrar) (b) James R. Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 10 194421. I hereby certify that I attended the deceased from April 9 1944 to April 10 1944 that I last saw him alive on April 9 1944 and that death occurred on the date stated above at 1:30 a. m.Immediate cause of death Bright disease
Due to lung infection
DURATION

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132

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 plant, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature J. Fitzhugh (M. D. or other)Address Central City, Ky. Date signed 5-12-44

Dr. Fitzhugh

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.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE BUREAU OF VITAL STATISTICS