

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 188

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deary Ky.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deary, Kentucky</u>			
d. FULL NAME OF (If not of hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St # 1</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>O'Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1952</u>				
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>February 15, 1889</u>	9. AGE (In years last birthday) <u>83</u>	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Marcus S. Gregory</u>			14. MOTHER'S MAIDEN NAME <u>Lucinda Harris</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>Paul H. Phipps</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>					
		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.		DUE TO (b) <u>Bed Fast Fractured left Hip</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9030-141-25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>(over)</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>stumbled on front balcony</u>			
22. I hereby certify that I attended the deceased from <u>July 27, 1952</u> to <u>July 24, 1952</u> , that I last saw the deceased alive on <u>July 24, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. DATE SIGNED <u>7-26-52</u>		23b. ADDRESS <u>Greenville, Ky</u>		23c. SIGNATURE (Degree or title) <u>William H. Woodruff M.D.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. - Ky.</u>	
25a. DATE REC'D BY <u>7-28-52</u>		25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>		26. FUNERAL DIRECTOR <u>Erwin H. Gary - Greenville, Ky.</u>			

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