

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **21050**
Registrar's No. **219**

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 **Muhl**
(c) City or town **Rural**
(If outside city or town limits, write RURAL)
(d) Street No. **Rosewood**
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **Christopher Columbus O'Neal**

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

4. Sex **Male** 5. Color **W** 6(a) Single, widowed, married, divorced **M**

6(b) Name of husband or wife **Edith O'Neal**

6(c) Age of husband or wife if alive **33** Years

7. Birth date of deceased **Feb 1878**
(Month) (Day) (Year)

8. AGE: Years **66** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Ky**

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Ben O'Neal**

13. Birthplace **Ky**

14. Maiden name **Don't know**

15. Birthplace _____

16(a) Informant's own signature **Ben Latham**

(b) Address **Greenville R-2**

17. BURIAL, CREMATION, OR REMOVAL
Place **Rosewood** Date **Sept 8, 1944**

18(a) Signature of funeral director **Dary's Funeral Home**

(b) Address **Greenville Ky**

19(a) **9-8-44** (Date received by local registrar) (b) **Marjorie Hedge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept 6 1944**

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____, that I last saw him alive on _____ 19 _____, and that death occurred on the date stated above at **1230 a. m.**

Immediate cause of death **Probably heart attack. Had explanation of disease in his chest just before he died, while eating tobacco.**

DURATION

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

Major findings: _____
Of operations **950**

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

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

23. Signature **Harward J. Heston, Registrar**

Address **Greenville, Ky** Date signed **Sept 8, 1944**

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.

MARKING RESERVED FOR BINDING