

N. B.—WRITE PLAINLY WITH **PERMANENT INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. **PHYSICIANS** should state **CAUSE OF DEATH** in plain terms, so that it may be properly classified. Exact statement of **OCCUPATION** is very important.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHNo. **22978**
Registration No. **282**Registration District No. **1085**Primary Registration District No. **8435**

1. PLACE OF DEATH

(a) County **Muhlenberg**
(b) City or town **Central City, Ky.**
(If outside city or town limits, write 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)3(a) FULL NAME **Gladys Pauline Rudley**

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6(a) Single, when wed, married, divorced _____6(b) Name of husband or wife **David Rudley**

6(c) Age of husband or wife if alive _____ Year _____

7. Birth date of deceased **March 16 - 1920**
(Month) (Day) (Year)8. AGE: **21** Years **6** Months Day: _____ If less than one day hr. min.7. Birthplace **Ky.**

10. Usual occupation _____

11. Industry or business _____

MOTHER } 12. Name **Alvin Barney**FATHER } 13. Birthplace **Beulah Blakely**MOTHER } 14. Maiden name **Alvin Barney**

FATHER } 15. Birthplace _____

16(a) Informant's own signature **Alvin Barney**(b) Address **Central City, Ky.**

17. BURIAL, CREMATION, OR REMOVAL

Place **Parsonage** Date **9-17-41** 19**41**18(a) Signature of funeral director **W. E. Standard**(b) address **Central City, Ky.**17(a) **Sept 17, 1941** (Date received by local registrar)(b) **W. E. Standard** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) Street **1st St.** (b) County **Mull**
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH **9-16** 19**41**21. I hereby certify that I attended the deceased from **March 12, 1941** to **March 16, 1941**, that I last saw **her** alive on **March 12, 1941**, and that death occurred on the date stated above at **10: P. M.**Immediate cause of death **Pulmonary tuberculosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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 **J. S. Fitzgibbon** **13591**
(M. D. or other) **10-11-41**Address: **Central City** Date signed **9/24-41**

DURATION:

2 or 3**years**