

13356

State File No. 13356
Registrar's No. 108

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form T. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1095 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville, Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Muhlenberg Co. Community Hosp.
(If not in hospital or institution write street number or local no.)
(d) Length of stay: In hospital or community 15
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. 107 - College St
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Frank Mallory Pittman

3(b) If veteran, Name was World War I 3(e) Social Security No. _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married married
6(b) Name of husband or wife Waisie Pittman

6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 7 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Muhlenberg Co.

10. Usual occupation Theater manager

11. Industry or business _____

FATHER { 12. Name Frank Pittman

13. Birthplace Muhlenberg Co.

MOTHER { 14. Maiden name Malissa Depoyter

15. Birthplace Muhlenberg Co.

16(a) Informant's own signature Mr. Mallory Pittman

(b) Address Greenville, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date June 11, 1945

18(a) Signature of funeral director J. Irish Gary

(b) Address Greenville, Ky.

19(a) 6-12-45 (Date received by local registrar) (b) Muriel Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1945
21. I hereby certify that I attended the deceased from May 25, 1945 to June 11, 1945 and that death occurred on the date stated above at 7:30 p. M.

Immediate cause of death Heart Failure DURATION _____
Due to Arteriosclerosis with Emphysema
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations 112-113
Of autopsy 4/20/45
7-7-45

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? _____ (a) Means of injury _____

23. Signature E. K. Gate (M. D. or other)
Address Greenville, Ky. Date signed 6-11-45

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.

MARGIN RESERVED FOR BINDING