

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <i>Madison</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Muhlen</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Greenville</i>		c. LENGTH OF STAY (in this place) <i>01</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Massman</i>					
d. FULL NAME OF (If not in hospital or institution, give street address of home or apartment) <i>Walter H. Co Hospital</i>			d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <i>George</i> b. (Middle) <i>Walter</i> c. (Last) <i>Pointer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 30 - 1950</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Unknown</i>	9. AGE (In years last birthday) <i>82</i>	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs. Hours	If Under 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ky</i>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Pointer</i>			14. MOTHER'S MAIDEN NAME <i>Louise Rayley</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Ms Fannie Pointer</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Skull Fracture</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
	ANTECEDENT CAUSES		DUE TO (b) _____					
	Morbidity conditions, if any, giving rise to the above causes (a) stating the underlying cause last.		DUE TO (c) <i>Broken Rt Leg.</i>					
	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 <i>7124 - 138 - 24</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <i>Highway 15, Muhlen's Ky</i>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Central City, Ky</i>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>About 12 Noon</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto Ran over Limb</i>						
22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ <i>20</i> m., from the causes and on the date stated above.								
23a. DATE SIGNED <i>12-1-50</i>	23b. ADDRESS <i>Central City</i>		23c. SIGNATURE (Degree or title) <i>Stewart H. ...</i> <i>Coroner</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-3-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairmount</i>	24d. LOCATION (City, town, or county) (State) <i>Central City, Ky</i>					
25a. DATE REC'D BY LOCAL REG. <i>12-4-50</i>	25b. REGISTRAR'S SIGNATURE <i>Maryanne ...</i>		25c. FUNERAL DIRECTOR <i>Funeral Home</i>					

X Central City, Ky