

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhl.</u>			2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <u>S. Carolina</u> <u>Spartanburg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>01</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spartanburg</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION <u>Muhl. Co. Hosp.</u>					
3. NAME OF DECEASED a. (First) <u>Eva</u> b. (Middle) <u>Kate</u> c. (Last) <u>Pugh</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-49</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 23 1908</u>	9. AGE (In years last birthday) <u>61</u>	If Under 1 Year <u>7</u> Days <u>27</u> Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Va.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Jonas Weddle</u>			14. MOTHER'S MAIDEN NAME <u>Carthia (m.k.)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Hugh R. Pugh</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>Coronary Occlusion</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>Heart Attack</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. <u>260X-61</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> to <u>Oct-21</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11P</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>Oct-22</u>	23b. ADDRESS <u>Central City, Ky</u>		23c. SIGNATURE (Degree or title) <u>W. John P. Holton</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-49</u>	24c. NAME OF CEMETERY OR CREAMATORY <u>Spartanburg</u>	24d. LOCATION (City, town, or county) (State) <u>Spartanburg S. Carolina</u>		
25a. DATE REC'D BY LOCAL REG. <u>10-24-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Helge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Tucker Funeral Home Central City, Ky</u>			