

3

MARGIN RESERVED FOR BINDING

6. 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 9 5302  
Registrar's No. 52

#32

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhl.

(b) City or town Drakesboro  
(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 30  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhl.

(c) City or town Drakesboro  
(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

3(a) FULL NAME Edward Zuisenberry

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_  
Name war \_\_\_\_\_ No \_\_\_\_\_

4. Sex M 5. Color or race Col. 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Daisy Zuisenberry

6(c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 15, 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Day 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Central City, Ky.

10. Usual occupation Miner

11. Industry or business Coal Mines

FATHER { 12. Name Geo. Zuisenberry

13. Birthplace Ky.

MOTHER { 14. Maiden name Mahala Zuisenberry

15. Birthplace Ky.

16(a) Informant's own signature Daisy Zuisenberry

(b) Address Drakesboro, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Cleaton Date Feb. 23, 1944

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

(b) Address Drakesboro, Ky.

19(a) 3-4-44 (Date received by local registrar)

(b) Paul P. Louie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21 (21) 1944

21. I hereby certify that I attended the deceased from 2-17 1944  
to 2-21 1944 that I last saw him alive on 2-19-44, and that death occurred on the date stated above at 7:40 P. M.

Immediate cause of death Arterio Sclerosis of Brain Heart & Lung

DURATION

4 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 131 A-97

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. F. Hughes (M. D. or other)

Address Central City, Ky. Date signed 2-23-44

307  
2-23-44  
10-15-44