

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **22983**
Registrar's No. **277**

Registration District No. **1085** Primary Registration District No. **7510**

1. PLACE OF DEATH:

(a) County **Muhlenberg**
(b) City or town **Fowberry**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ky** (b) County **Muhlenberg**
(c) City or town **Fowberry**
(If outside city or town limits write RURAL)
(d) Street No. **Fowberry**
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME **Henry D. Quisenberry**

3(b) If veteran, Name war _____ No. _____
3(c) Social Security _____

4. Sex **M** 5. Color or race **W** 5(a) Single, widowed, married, divorced _____

5(b) Name of husband or wife **Margaret A. Quisenberry**
5(c) Age of husband or wife if alive **63** Years

7. Birth date of deceased **Oct 4, 1869**
(Month) (Day) (Year)

8. AGE: **72** Years **11** Months **8** Days
If less than one day _____ min.

9. Birthplace **Ky**

10. Usual occupation **Farmer**

11. Industry or business _____

FATHER { 12. Name **E. E. Quisenberry**
13. Birthplace **Ky**

MOTHER { 14. Maiden name **Margaret Davis**
15. Birthplace **Ky**

16(a) Informant's own signature **Albert Quisenberry**

(b) Address **Fowberry, Ky**

17. BURIAL, CREMATION, OR REMOVAL
Place **Withers** Date **9/14 41**

18(a) Signature of funeral director **Greenwell Funeral**

(b) Address **Greenwell, Ky**

19(a) **9-14-41** (Date received by local registrar)
John R. Greenwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept 12 1941**

21. I hereby certify that I attended the deceased from **Aug 1940**
to **Sept 1 1941**, that I last saw him alive on **Sept 1 1941** and that death occurred on the date stated above at **4 PM**.

Immediate cause of death **Mythetia**

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)

Major findings:
Of operations _____
Of autopsy _____

23. Signature **E. E. Gates**
Address **Greenwell** Date signed **9-13-41**
(M. D. or other)

DURATION

MARGIN RESERVED FOR BINDING

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.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important.