NATIONAL OFFIC	CURITY AGENCY HEALTH SERVICE E VITAL STATIST	E	DEPARTMENT DIVISION OF VIT CERTIFICATE	TAL STATISTICS		-	8- 254	24831
	Registration Dis	trict No. 10	85 Prima	ry Registration Distri	ct No71	<u> 171</u>	-	
1. PLACE OF DEAT	Muhlenb	erg		2. USUAL RESID	ENCE	(Where decea		before admissi
b. CITY (If outside OR TOWN C1	corporate limits, write eaton	e RURAL and ive township)	c. LENGTH OF STAY (in this place)	e. CITY OR TOWN	Cleat	on		11enberg RESIDENCE ON A FARA YES TO NO F
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital location)	or institution.	give street address or	d. STREET ADDRESS	<u> </u>	011	IS RESID	ENCE INSIDE CITY LIMITS
3. NAME OF DECEASED	a. (First)	ì	o. (Middle)	e. (Last)	4.	DATE	(Month)	YES ZI NO (Year)
(Type or Print)	Henry		Edward	Quise	nberry	OF DEATH	Nov.	8, 1958
5. SEX M	6. COLOR OR RACE	Marri Marri	eq (aboute)	8. DATE OF BIRTH 2/28/18	7.	AGE (In years)	If Unde	Days Hours Min
og. USUAL OCCUPAT	non (Give kind of world of working life, even penter	10b. KIND O	F BUSINESS OR IN-	11. BIRTHPLACE (*Muhle	nberg		.1	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	Drift Cost =			14. MOTHER'S MAI	DEN NAME	· · · · · · · · · · · · · · · · · · ·		
. WAS DECEASED	avis Quis Eyer In U.S. ARMED		SOCIAL SECURITY		aret G	regory		
Yes, no, or unknown)	(If yes, give war or da	les of service)	. To some security	17. INFORMANT	. Eliza	a beth	Oni s	senberry
Constitution	•			· C	wy -	Janua	u_	
Conditions, if an which gave rise above cause stating the und lying cause la	(a) }	Con	onary Terior	Desin	eles	ion		
which gave rise above cause stating the und lying cause la	(a) } ler- set. DUE TO (e)_	CONTRIBUTING TO	Terrore Co DEATH BUT HOT REL	LOANS ATED TO THE TERMINAL	DISEASE CONDI	TON GIVEN IN	PART 1(a)	19. WAS AUTOPSY
which gave rice above cause stating the und lying cause is FART IL OTHER SIG	(a) (a) ar- set. DUE TO (a) INIFICANT CONDITIONS		DEATH BUT NOT REL					PERFORMED?
which gave rice above cause stating the und lying cause in PART II. OTHER SIG	DUE TO (6). SNIFICANT CONDITIONS UICIDE HOMICIDE		DEATH BUT NOT RELA					PERFORMED?
which gave rise above cause stating the und lying cause to FART II. OTHER SIG	DUE TO (6)_ SNIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year	21a. DESCRIBE	DEATH BUT NOT REA H 201 HOW INJURY OCCURRED	Ol (Enter nature of				PERFORMED?
which gave rice above cause stating the und lying cause in PART II. OTHER SIG	DUE TO (6). SINIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Plat	21g. DESCRIBE	DEATH BUT NOT REL	Ol (Enter nature of	injury in Pari			PERFORMED?
which gave rise above cause stating the und lying cause to PART II. OTHER SIG 20. ACCIDENT SI 21b. TIME OF Hour INJURY a. m. p. m. 21c. INJURY OCCURRE WHILE AT NOT WORK AT WORK	DUE TO (6)_ SNIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Plan WHILE ORK	21a. DESCRIBE	DEATH BUT NOT REA HOW BUJURY OCCURRED g., in or about home, t, affice bidg., etc.)	Ol (Enter nature of	injury in Pari	t I or Part II	of item	YES NO 18.)
which gave rise above cause stating the wall lying cause to PART II. OTHER SIG 20. ACCIDENT SI 21b. TIME OF Hour INJURY a.m. p. m. 21c. INJURY OCCURRE WHILE AT NOT WORK AT W. 1 hereby certify to alive on	DUE TO (6) SINIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Play WHILE ORK hat I attended the	21g. DESCRIBE	DEATH BUT NOT REA HOW BUJURY OCCURRED g., in or about home, t, affice bidg., etc.)	Di (Enter nature of 21e. CITY, TOWN, 19 , 10	injury in Part	: I or Part II	COUNTY	YES NO STATE
which gave rise above cause stating the und lying cause to FART II. OTHER SIG 20. ACCIDENT SI 21b. TIME OF Hour INJURY a. m. p. m. 21c. INJURY OCCURRENT WORK AT WORK AT WORK I hereby certify to alive on 22b. DATE SIGNED 22b.	DUE TO (6). SNIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Plai WHILE ORK hat I attended the	21g. DESCRIBE	DEATH BUT NOT REALLY OF THE STATE OF THE STA	Di (Enter nature of 21e. CITY, TOWN, 19 , 10	injury in Part	: I or Part II	COUNTY	YES NO 18.)
which gave rice above consessions consessions consessions and lying consession part il other signal part il other	DUE TO (6). SNIFTCANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Plan WHILE Garr ORK J farr D. ADDRESS C. ADDRESS 24b. DATE	21g. DESCRIBE CE OF NUURY (com, factory, streethough, and the	DEATH BUT NOT REALLY OF COURSE	21e. CITY, TOWN, 19 10 at	OR LOCATION om the cause 24d. LOCATIC	, 19 ts and on the	COUNTY hat I la	STATE St saw the deceased stated above. (Degree or title)
which gave rise above cause stating the und lying cause to PART II, OTHER SIG PART II, OTHER SIGNED AT WORK AT WOR	DUE TO (6) SINIFICANT CONDITIONS UICIDE HOMICIDE Month, Day, Year Month of arroad hat I attended the ADDRESS 24b. DATE 11/10/5	CE OF NAURY (em, factory, streether, and the	DEATH BUT NOT READ HOW BUJURY OCCURRED S., in or about home, it, affice bidg., ste.) The control of the courred of the course of the cours	DI (Enter nature of 21e. CITY, TOWN, 19 10 10 3c. SIGNATURE OR CREMINIONT	on location on the cause 24d. Locatic	, 19 , t	county hat I la te date ty,	STATE State deceased stated above. (Degree or title) Ky •
which gave rise above cause stating the wall lying cause to PART II, OTHER SIG 20. ACCIDENT SI 21b. TIME OF Hour INJURY G. m. p. m. 21c. INJURY OCCURRE WHILE AT NOT NORN AT W. 1 hereby certify to alive on	DUE TO (6). SNIFTCANT CONDITIONS UICIDE HOMICIDE Month, Day, Year D 21d, Plan WHILE Garr ORK J farr D. ADDRESS C. ADDRESS 24b. DATE	CE OF NAURY (em, factory, streether, and the	DEATH BUT NOT READ HOW BUJURY OCCURRED S., in or about home, it, affice bidg., ste.) A death occurred KME OFFCEMETERY (1) KME OFFCEMETERY (1)	21e. CITY, TOWN, 19 10 at	on location on the cause 24d. location Cent	, 19 to s and on the DN (City, town, TEL C.	county hat I la te date ty,	STATE St saw the deceased stated above. (Degree or title) Ky e