

28326

## COMMONWEALTH OF KENTUCKY

State File No. \_\_\_\_\_

Form V. S. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistrar's No. 374Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH: <u>Greenville Ky</u>		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlenberg</u>	(a) State <u>Kentucky</u>	(b) County <u>Muhlenberg</u>	
(b) City or town <u>Greenville</u> (If outside city or town limits, write RURAL)	(c) City or town <u>Cleaton</u> (If outside city or town limits, write RURAL)		
(c) Name of hospital or institution: <u>Muhlenberg County Hospital</u> (If not in hospital or institution write street number or location)	(d) Street No. _____ (If rural give precinct)		
(d) Length of stay: In hospital or community <u>9 days</u> (years, months or days)	(e) If foreign born, how long in U. S. A. ? _____ years		

3(a) FULL NAME Matilda Quisenberry

3(b) If veteran, _____	3(c) Social Security No. _____
Name war _____	No. _____
4. Sex <u>Female</u>	5. Color or race <u>Negro</u>
6(a) Single, widowed, married, divorced <u>Married</u>	
6(b) Name of husband or wife <u>William Quisenberry</u>	
6(c) Age of husband or wife if alive <u>66</u> Years	
7. Birth date of deceased <u>May 19 1880</u> (Month) (Day) (Year)	
8. AGE: Years <u>59</u> Months <u>5</u> Days <u>25</u> If less than one day _____ hr. _____ min.	
9. Birthplace <u>Muhlenberg County</u>	
10. Usual occupation <u>Housewife</u>	
11. Industry or business _____	

FATHER	12. Name <u>James Brown</u>
	13. Birthplace <u>Logan County Ky.</u>
MOTHER	14. Maiden name <u>Dinah maiden</u>
	15. Birthplace <u>Muhlenberg County, Ky.</u>

16(a) Informant's own signature <u>Will Quisenberry</u>
(b) Address <u>Cleaton Ky.</u>

17. BURIAL, CREMATION, OR REMOVAL
Place <u>Cleaton, Ky.</u> Date <u>11/17/ 1939</u>

18(a) Signature of funeral director <u>Eugene S. Elliott</u>	
(b) Address <u>Middlesboro, Ky.</u>	
19(a) <u>Nov 24 1939</u> (Date received by local registrar)	(b) <u>James Carter</u> (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>Nov 14 1939</u>
21. I hereby certify that I attended the deceased from <u>Nov 8 1939</u> to <u>Nov 14 39</u> 19 <u>39</u> , that I last saw him alive on <u>Nov 14 39</u> and that death occurred on the date stated above at <u>6:30 A.M. Nov 14</u>

Immediate cause of death <u>Acute Hepatic Nephroses</u>	DURATION
Due to <u>122A</u>	

Other conditions (include pregnancy within 3 months of death) <u>Common duct stone</u>
Major findings: <u>Stone in Common duct</u>
Of operations _____
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) <u>4094</u>

While at work? _____	(a) Means of injury _____
23. Signature <u>Gant Gailher</u> (M. D. or other)	
Address <u>Hopkewille</u>	Date signed <u>11/20/39</u>

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY WITH **LEADING 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.