

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Muhlenberg Co.		2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg Co.	
b. CITY (If outside corporate limits, write NEURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Beech Creek, Ky.
d. FULL NAME OF HOSPITAL OR INSTITUTION Rives Convalescent Home		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Mary b. (Middle) Ann c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 19, 1877
9. AGE (In years, months, days) 79	If Under 1 Year Months Days Hours Mins.	If Under 24 Hrs. Hours Mins.	9. AGE (In years, months, days) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. & Ky.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Ephraim B. Stewart	
14. MOTHER'S MAIDEN NAME Ellen Stewart		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT George Reed	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, (if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerosis DUE TO (c) HCVAD		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 44-2-083-16		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION COUNTY STATE		

22. I hereby certify that I attended the deceased from **Nov 14, 1956** to **Nov 16, 1956**, that I last saw the deceased alive on **Nov 14, 1956**, and that death occurred at **7 A.** m., from the causes and on the date stated above.

23a. DATE SIGNED Nov 17, 1956	23b. ADDRESS Greenville, Ky.	23c. SIGNATURE Thylon H Woodruff M.D. (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1956	24c. NAME OF CEMETERY OR CREMATOR Unity Cemetery
24d. LOCATION (City, town, or county) (State) Muhlenberg Co.-Kentucky	25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE George Reed
25c. FUNERAL DIRECTOR Gary's Funeral Home-Greenville, Ky.	26. FUNERAL DIRECTOR ADDRESS	