

Form V. S. 1-A

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 114

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Drakesborro</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Reid</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 6 53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 29/59</u>
9. AGE (In years last birthday) <u>94</u>		If Under Months	If Under 1 Year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>42</u>	11. BIRTHPLACE (State or foreign country) <u>Butler Co Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. FATHER'S NAME <u>Ben. Reid</u>	
14. MOTHER'S MAIDEN NAME <u>Armanda Wiggins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Hubert Reid</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cong heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cong heart disease</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension, art. sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken left hip - several months</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 of 3 x - 083-17</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>Drakesborro Muhlenberg, Ky</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-19</u> , 19 <u>53</u> , to <u>5-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>53</u> , and that death occurred at <u>10:35</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED	23b. ADDRESS <u>Drakesborro, Ky</u>	23c. SIGNATURE (Degree or title) <u>Harry H. Hartleb M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cenetry</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co Ky</u>
25a. DATE REC'D BY SOCIAL REG. <u>5-27-53</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Margerie Hodge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Eugene S. Elliott Greenville, Ky</u>	