

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

1. PLACE OF DEATH g. COUNTY <b>Muhlenberg</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Ky.</b> b. COUNTY <b>Muhlenberg</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Greenville, Ky.</b>	c. LENGTH OF STAY (In this place) <b>01</b>	c. CITY OR TOWN <b>Drakesboro</b>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Muhlenberg Comm. Hospital</b>		d. STREET ADDRESS	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (MIDDLE) <b>Franklin</b> c. (Last) <b>Revelette</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9, 1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/24/1885</b>	9. AGE (In years last birthday) <b>73</b>	If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>42</b>	11. BIRTHPLACE (State or foreign country) <b>Evansville, Ind.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John F. Revelette</b>			14. MOTHER'S MAIDEN NAME <b>Alice Coats</b>		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Bessie Revelette</b>		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) <b>Arterio-sclerotic heart disease</b>		
	DUE TO (c) _____		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>Hour Month, Day, Year</b> a. m. p. m.			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (a. p., 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 **11-4, 1958, to 11-9, 1958**, that I last saw the deceased alive on **11-9, 1958** and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. DATE SIGNED <b>11-13-58</b>	23b. ADDRESS <b>Greenville, Ky</b>	23c. SIGNATURE (Degree or title) <b>Hylan H. Woodson, M.D.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 12, 1958</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Rose Hill</b>
25a. DATE REC'D BY REG. <b>11-15-58</b>	25b. REGISTRAR'S SIGNATURE <b>Margaret Hodge</b>	24d. LOCATION (City, town, county) (State) <b>Central City, Ky</b>
25c. FUNERAL DIRECTOR ADDRESS <b>Tucker Funeral Home Central City, Ky.</b>		