

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY <b>Muhlenberg</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: 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>Central City, Ky.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Central City</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>Central Hotel</b>		d. STREET ADDRESS <b>Central Hotel</b> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b> b. (Middle) c. (Last) <b>Salsburg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10/30/62</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/29/1875</b>
9. AGE (In years last birthday) <b>86</b>		If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Spencer Co. Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Samuel J. Cates</b>	
14. MOTHER'S MAIDEN NAME <b>Manerva Threlkill</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Oscar Durham</b>	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) <b>Myocardial Heart Disease</b>		
	DUE TO (c) <b>Senility</b>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
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 g. 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4 1/2** m., from the causes and on the date stated above.

23a. DATE SIGNED <b>10-30-62</b>	23b. ADDRESS <b>Central City Ky</b>	23c. SIGNATURE (Degree or title) <b>M. V. Foster Coroner</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/1/62</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>
24d. LOCATION (City, town, or county) (State) <b>Central City, Kentucky</b>		25a. DATE REC'D BY LOCAL REG. <b>11-1-62</b>
25b. REGISTRAR'S SIGNATURE <b>Margaret Hodge</b>		25c. FUNERAL DIRECTOR ADDRESS <b>Tucker Funeral Home, Central City, Ky</b>