

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING 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.

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

Issue File No. 8665
 Registrar's No. 115-

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH: (a) County <u>Muhlenberg</u> (b) City or town <u>Greenville</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>Muhlenberg Community Hospital</u> (If not in hospital or institution write street number or location) <u>01</u> (d) Length of stay: In hospital or community _____ (years, months or days)			2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Muhlenberg</u> (c) City or town <u>Greenville</u> (If outside city or town limits, write RURAL) (d) Street No. <u>N-main St</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years		
3(a) FULL NAME <u>Susan Walton Simpson</u> 3(b) If veteran, _____ 3(c) Social Security No. _____ Name war _____ No. _____			MEDICAL CERTIFICATION 20. DATE OF DEATH <u>April 19</u> 19 <u>48</u> 21. I hereby certify that I attended the deceased from <u>April 19</u> 19 <u>48</u> to <u>April 19</u> 19 <u>48</u> , that I last saw him alive on <u>April 19</u> 19 <u>48</u> , and that death occurred on the date stated above at <u>2. Ave. N.</u> Immediate cause of death <u>Coronary Thrombosis</u> <u>(6 1/2 months gestation)</u>		
4. Sex <u>Female</u> 5. Color or race <u>white</u> 6(a) Single, widowed, married, divorced <u>Single</u> 6(b) Name of husband or wife _____ 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>April 19</u> 19 <u>49</u> (Month) (Day) (Year)					
8. AGE: Years _____ Months _____ Days _____ If less than one day hr. _____ min. 9. Birthplace <u>Greenville, Ky</u> 10. Usual occupation _____ 11. Industry or business _____			DURATION Due to _____ Other conditions _____ (Include pregnancy within 3 months of death)		
FATHER { 12. Name <u>G. L. Simpson</u> 13. Birthplace <u>Christian County</u>			Major findings: Of operations <u>160A-159</u> Of autopsy _____		
MOTHER { 14. Maiden name <u>Susan Cather</u> 15. Birthplace <u>Salina, O. Ill.</u>			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 plant) _____		
16(a) Informant's own signature <u>P. Simpson</u> (b) Address <u>Greenville, Ky.</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Crescen</u> Date <u>Apr. 19</u> 19 <u>48</u>			While at work? _____ (a) Name of injury _____ 23. Signature <u>J. P. Walton</u> (M. D. or other) _____ Address <u>Central City, Ky</u> Date signed <u>April 27-48</u>		
18(a) Signature of funeral director <u>J. Edwin Gray</u> (b) Address <u>Greenville, Ky.</u> 19(a) <u>4-30-48</u> <u>Marjorie Hodge</u> (Date received by local registrar) (Registrar's signature)					