

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 53 17334

REGISTRAR'S NO. 198

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City</u>		d. STREET ADDRESS (If rural, give location) <u>T.R.R. 4</u>
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Muhlenberg Glenn Hospital</u>					
3. NAME OF DECEASED a. (First) <u>Fernise Ellen</u> b. (Middle) <u>Skipworth</u> c. (Last) <u>Skipworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov. 18-1883</u>		9. AGE (In years If Under 1 Year If Under 24 Hrs last birthday) <u>69 1/2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>88</u>	11. BIRTHPLACE (State or foreign country) <u>Ky.</u>		12. CITIZEN OF THIS COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Hack Moore</u>			14. MOTHER'S MAIDEN NAME <u>Luzella Latham</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Bessie Skipworth</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>3 wks</u>
	DUE TO (b) <u>Cerebral hemorrhage</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H C V D</u>				<u>10 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X-070-16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:10 AM</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> to <u>Aug 1953</u> , that I last saw the deceased alive on <u>Aug 31, 1953</u> and that death occurred at <u>710 Am.</u> from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS <u>Central City Ky</u>		23c. SIGNATURE (Degree or title) <u>Jul A. Gullett M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Skipworth</u>		24d. LOCATION (City, town, or county) (State) <u>Rosewood, Ky</u>	
25a. DATE REC'D BY <u>9-3-53</u> LOCAL REG.	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>		25c. FUNERAL DIRECTOR ADDRESS <u>Harkness Funeral Home Greenville, Ky</u>		