

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 52 22106REGISTRAR'S NO. 260Registration 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>Muhl.</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>R.R. #2, Greenville</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Greenville, Ky.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>	b. (Middle) <u>O.</u>	c. (Last) <u>Skipworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 28, 1867</u>	9. AGE (In years last birthday) <u>85</u>	If Under 1 Year Months	If Under 24 Hrs Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZENSHIP <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ire Skipworth 88</u>			14. MOTHER'S MAIDEN NAME <u>S. Cynthia Ann Jenkins</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>Carie Disney</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES	a. <u>Chronic Interstitial Nephritis</u>		<u>5 yrs</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Chronic Hypertension</u>		<u>5 yrs</u>		
		DUE TO (c) <u>Chronic Arteriosclerosis</u>		<u>5 yrs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Serumity-</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592X - 109 - 2.1</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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <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>Aug 10, 1952</u> to <u>Oct 29, 1952</u> , that I last saw the deceased alive on <u>Aug 10, 1952</u> , and that death occurred at <u>3:06 P.M.</u> , from the causes and on the date stated above.						
23a. DATE SIGNED <u>10/30/52</u>	23b. ADDRESS <u>Greenville Ky</u>		23c. SIGNATURE (Degree or title) <u>Charles Wilson M.D.</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Skipworth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. - Kentucky</u>			
25a. DATE REC'D BY LOCAL REG. <u>11-9-52</u>	25b. REGISTRAR'S SIGNATURE <u>Margorie Hodge</u>	25c. FUNERAL DIRECTOR <u>Gary's Funeral Home - Greenville, Ky</u>	25d. ADDRESS			