

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REG. NO. 116

DECEASED'S AGE 174

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg Co</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) <u>Rural Greenville</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville R. 2. Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Greenville Ky R. 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>at Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Roscoe</u> b. (Middle) <u>Skirwath</u> c. (Last) <u>Skirwath</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7-1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 26-1877</u>
9. AGE (years last birthday) <u>78</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Ely Thomas Skirwath</u>	
14. MOTHER'S MAIDEN NAME <u>Rebekah Farris</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>1-360-3130</u>		17. INFORMANT <u>Wood Skirwath</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, anoxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated in the disease or condition causing death.	
19a. DATE OF DEATH <u>July 7 1953</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) (Min.)	
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>June 1953</u> to <u>July 7, 1953</u> , that I last saw the deceased alive on <u>June 24, 1953</u> and that death occurred at <u>7 m.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>July 2, 1953</u>		23b. ADDRESS <u>Greenville, Ky</u>	
23c. SIGNATURE <u>Wylan H. Woodruff M.D.</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>July 10</u>	
24c. NAME OF CEMETERY OR PLACE OF BURIAL <u>Oliver Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co. Kentucky</u>	
25a. DATE REC'D BY <u>7-1-53</u>		25b. REGISTRAR'S SIGNATURE <u>Walter D. Walker</u>	
LOCAL REGISTRAR <u>Walter D. Walker</u>		25c. FUNERAL DIRECTOR <u>Farris Funeral Home, Greenville Ky</u>	
DEPUTY		ADDRESS	