

19423

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

State File No. _____

Registrar's No. 239Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Murray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Makesboro, Ky</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Makesboro</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rc</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jona</u> b. (Middle) <u>Jane</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 49</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 14, 1876</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>73 3 21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Tobias Widick</u>			14. MOTHER'S MAIDEN NAME <u>Nancy Ann Ferrigan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Robert Smith</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201-94A</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1949 to Sept 11, 1949, that I last saw the deceased alive on Aug 24, 1949 and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. DATE SIGNED <u>9-12-49</u>	23b. ADDRESS <u>Box 46 Central City, Ky</u>	23c. SIGNATURE (Degree or title) <u>James E. Webster M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yontz</u>
24d. LOCATION (City, town, or county) (State) <u>Paradise Ky</u>	25a. DATE REC'D BY LOCAL REG. <u>9-15-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hays</u>
25c. FUNERAL DIRECTOR <u>Tucker Funeral Home Central City, Ky</u>	25d. ADDRESS	