

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 29820

REGISTRAR'S NO. 288

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>Ky.</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>at</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drakesboro (Rural)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Muhlenberg Comm. Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-28-1891</u>
9. AGE (In years last birthday) <u>61</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	9. AGE (In years last birthday) <u>61</u>
11. BIRTHPLACE (State or foreign country) <u>Travis, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>J. C. Smith</u>		14. MOTHER'S MAIDEN NAME <u>Jessie Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>42</u>	
17. INFORMANT <u>James R. 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>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertensive heart disease</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>443X-083-17</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>indignity of power</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>12-12-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. of pancreas & C.D. abt.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>0</u>	
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>12-12</u> , 19 <u>52</u> , and that death occurred at <u>6:00 P.</u> m., from the causes and on the date stated above.	
23a. DATE SIGNED <u>12-13-52</u>		23b. ADDRESS <u>Drumville, Ky.</u>	
23c. SIGNATURE <u>D. Simpson</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Smith's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Drakesboro, Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>12-15-52</u>		25b. REGISTRAR'S SIGNATURE <u>Thomas J. Hodge</u>	
25c. FUNERAL DIRECTOR'S ADDRESS <u>Smith's Funeral Home, Drakesboro, Ky.</u>		25d. FUNERAL DIRECTOR'S SIGNATURE <u>D. Simpson</u>	

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