

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 105

Registration 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>Central City R^o 2</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 1 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 18 1884</u>
9. AGE (In years last birthday) <u>67</u>		If Under 1 Year Months	If Under 1 Year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cool Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>42</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>William Smith</u>	
14. MOTHER'S MAIDEN NAME <u>Madore Mason</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <u>325-03-7061</u>		17. INFORMANT <u>Mrs. Mabel Smith</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resp. Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>BRONCHOGENIC CARCINOMA</u> 1 yr. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>162X-050-14</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)	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>Dec 25</u> , 19 <u>51</u> , to <u>MAR 10</u> , 19 <u>52</u> that I last saw the deceased alive on <u>MAR 10</u> , 19 <u>52</u> and that death occurred at _____ m., 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>Hub A. Beukley, M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smiths</u>	24d. LOCATION (City, town, or county) (State) <u>Paradise Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>4-11-52</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Tucker Funeral Home Central City, Ky.</u>	