

Registration District No. **1085** Primary Registration District No. **2436**

1. PLACE OF DEATH a. COUNTY Martin		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Ky. b. COUNTY Mull.	
b. CITY (If outside corporate limits, write RURAL and give township) Greenville		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Central City IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mull. Comm. Hosp.		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Franklin c. (Last) Smith			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18 1957
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 18 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 00	9. AGE (In years last birthday) If Under 1 Year: Months Days Hours Min. 12
13. FATHER'S NAME Jildon Smith		11. BIRTHPLACE (State or foreign country) Ky.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Rena E. Eames	
16. SOCIAL SECURITY NO. 7735-135-28		17. INFORMANT Jildon Smith	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Failure			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Prematurity			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21e. CITY, TOWN, OR LOCATION	COUNTY STATE
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED 10-20-57	23b. ADDRESS Central City, Ky.	23c. SIGNATURE J. P. Watkins (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-19-57	24c. NAME OF CEMETERY OR CREMATORY Yonta	24d. LOCATION (City, town, or county) (State) Mull. Co. Ky.
25a. DATE REC'D BY LOCAL REG. 10-31-57	25b. REGISTRAR'S SIGNATURE Marye Hady	26. FUNERAL DIRECTOR ADDRESS Jucker Funeral Home Central City, Ky.	

MEDICAL CERTIFICATION