

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. 217

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Muhlenberg</i>		
b. CITY (If outside corporate limits, write BURIAL and give township) <i>Paradise</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Paradise</i>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <i>Kenneth Earl</i> b. (Middle) <i>Smith</i> c. (Last) <i>Smith</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-27-52</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>96</i>	8. DATE OF BIRTH <i>May 18, 1952</i>	9. AGE (In years last birthday) <i>3</i>	10. If Under 1 Year <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>00</i>	11. BIRTHPLACE (State or foreign country) <i>Ky</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Gildon Smith</i>			14. MOTHER'S MAIDEN NAME <i>Rena Eades</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Gildon Smith</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Dysentery</i>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	3. 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 <i>049X-016-04</i>				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 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? <i>1</i>			
22. I hereby certify that I attended the deceased from <i>8/25/52</i> to <i>8/27/52</i> , that I last saw the deceased alive on <i>8/27/52</i> , and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.					
23a. DATE SIGNED <i>9/1/52</i>	23b. ADDRESS <i>Central City Ky</i>		23c. SIGNATURE <i>J. P. Talan - 142</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-28-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Yontz</i>	24d. LOCATION (City, town, or county) (State) <i>Muhlen Co Ky</i>		
25a. DATE REC'D BY LOCAL REG. <i>9-3-52</i>	25b. REGISTRAR'S SIGNATURE <i>Marjorie Hodge</i>	26. FUNERAL DIRECTOR <i>Lucker Funeral Home Central City Ky</i>			