

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. 17172Registrar's No. 21224

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>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Greenville</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Court House)</u>	
d. STREET ADDRESS (If rural, give location)		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>Lottie</u> b. (Middle) <u>Julia</u> c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 1949</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>June 11 - 1895</u>
9. AGE (In years last birthday) <u>54</u>	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>8</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg Co. Ky</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>A. J. Nichols</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Skaggs</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Clyde Smith</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Co 2 Surgery - Bil.</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Co 2 Breast (Primary)</u>	
DUE TO (c) <u>170X - 50</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>1-12-49</u> <u>2-4-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Co 2 Breast.</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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-28 - 1947</u> to <u>5-3 - 1949</u> , that I last saw the deceased alive on <u>5-3 - 1949</u> , and that death occurred at <u>m.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>8-4-49.</u>	23b. ADDRESS <u>Greenville, Ky.</u>	23c. SIGNATURE <u>G. H. Radman M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Woodlawn</u>	24d. LOCATION (City, town or county) (State) <u>Muhlenberg Co. Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>9-6-49</u>	25b. REGISTRAR'S SIGNATURE <u>Maryree Halge</u>	25c. FUNERAL DIRECTOR <u>John Hays - Greenville, Ky</u>	