

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Central City, Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhl.
(c) City or town Central City
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years3(a) FULL NAME Nancy Caroline Smith

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife James Isaac Smith6(c) Age of husband or wife if alive 80 Years7. Birth date of deceased Mar 2 1868
(Month) (Day) (Year)8. AGE: Years 78 Months _____ Days 25 If less than one day hr. _____ min. _____9. Birthplace Smithville, Tenn.10. Usual occupation House wife

11. Industry or business _____

FATHER 12. Name Henry Allen Parker13. Birthplace TennesseeMOTHER 14. Maiden name Hendricks15. Birthplace Tennessee16(a) Informant's own signature J. P. Anderson(b) Address Central City

17. BURIAL, CREMATION, OR REMOVAL

Place Parsonage Date 10/28, 194518(a) Signature of funeral director J. P. Anderson(b) Address Central City19(a) 11-5-45 (Date received by local registrar) (b) Margaret Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27 194521. I hereby certify that I attended the deceased from June 10 1945 to 10/27/45, 1945, that I last saw him alive on 10/26/45, 1945, and that death occurred on the date stated above at 5:30 A. M.Immediate cause of death Caused by throat

DURATION

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 45F

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature J. P. Anderson (M. D. or other)

Address _____ Date signed _____

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE BUREAU OF VITAL STATISTICS