

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

FILE NO. 116 52 8324

REGISTRAR'S NO. 109

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Mullensberg</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Mull.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenvale</u>		c. LENGTH OF STAY (in this place) <u>01 23 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>drakesboro</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Mullensberg Community Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED a. (First) <u>WILEY</u> (Type or Print)			b. (Middle)		c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 22 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 12, 1882</u>		9. AGE (In years, last birthday) <u>69</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>William Smith 42</u>				14. MOTHER'S MAIDEN NAME <u>Ada Holzhausen</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <u>Wyle H. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Somnolence</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X-070-16</u>				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?				
22. I hereby certify that I attended the deceased from <u>Apr 10, 1952</u> to <u>Apr 22, 1952</u> , that I last saw the deceased alive on <u>Apr 22, 1952</u> and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.								
23a. DATE SIGNED <u>4/28/52</u>		23b. ADDRESS <u>Greenvale Ky</u>		23c. SIGNATURE (Degree or title) <u>Charles Wilson M.D.</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 24 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Chapel Cemetery Johnson County - Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>drakesboro, Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>4-28-52</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>		25c. FUNERAL DIRECTOR ADDRESS <u>Parson-Woodruff-Parson Funeral Home drakesboro, Ky.</u>				