

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

# DELAY

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 17174  
Registrar's No. 210

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Mullensburg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Mullensburg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Russel-Graham</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>at home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Sparks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29-1949</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 29-1860</u>	9. AGE (In years last birthday) <u>88</u>	If Under 1 Year If Under 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>	11. BIRTHPLACE (State or foreign country) <u>Mullensburg Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Charles Milton Sparks</u>			14. MOTHER'S MAIDEN NAME <u>Sallie Miller</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>W. E. Sparks</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</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)	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 July 25, 1949, to July 29, 1949, that I last saw the deceased alive on July 29, 1949, and that death occurred at 10:00 a.m., 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 (Degree or title) <u>Conrad W. W. W. M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Union</u>
24d. LOCATION (City, town, or county) (State) <u>Mullensburg Co. Ky</u>	24e. FUNERAL DIRECTOR <u>J. Frank Gary</u>	24f. ADDRESS <u>Greenville Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>8-9-49</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Hodge</u>	