

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No.

24722

Registrar's No.

204

Registration District No. 1085

Primary Registration District No. 2435

## 1. PLACE OF DEATH:

(a) County Boyle  
(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 Boyle  
(c) City or town Central City, Ky.  
(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? \_\_\_\_\_ years

3(a) FULL NAME Martha Lou Staples

## 3(b) If veteran, \_\_\_\_\_

## 3(c) Social Security \_\_\_\_\_

Name was \_\_\_\_\_

No. \_\_\_\_\_

4. Sex Female 5. Color of hair White 6(a) Single, widowed, married, divorced Aug 6

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Dec 19 - 1944 Years  
(Month) (Day) (Year)8. AGE: Years 1 Month 10 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ky.10. Usual occupation V11. Industry or business VFATHER { 12. Name Marion Staples13. Birthplace Ky.MOTHER { 14. Maiden name Katie Duthard15. Birthplace Ky.16(a) Informant's own signature Marion Staples(b) Address Central City, Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Rosa Hill Date Oct 20, 194618(a) Signature of funeral director Funeral Home(b) Address Central City, Ky.19(a) October 19, 1946 (Date received by local registrar)

(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 194621. I hereby certify that I attended the deceased from Oct 1 1946to Oct 19 1946 that I last saw him alive on Oct 19 1946 and that death occurred on the date stated above at 1035A M.Immediate cause of death Hard Shulley Christian Disease DURATION 6 mos

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations LLC

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)

WITNESSED at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature Foster H. Nelson, M.D.Address Greenville, Ky. Date signed 10/19/46

MARGIN RESERVED FOR BINDING

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.