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1	Form V. 8. 1-A COMMONWEAL	TH OF KENTUCKY $53$ $100\%$	4
		nent of Health FILE NO. 116	<del></del>
		VITAL STATISTICS	
	NATIONAL OFFICE VITAL STATISTICS CERTIFICA	TE OF DEATH REGISTRAR'S NO.	
	1 4 4 4	HЦHI	
	Registration District No. 1085	Primary Registration District No.	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutionere	sidence before
_	a, COUNTY AA	a. STATE b. COUNTY YA.	admission)
3	Muhlenberg Co.	My, make,	
4	b. City (If Attaids corporate limits, write RURAL and give c. LENGTH OF	c. CITY (If outsite Apparate limits, write RURAL and give township	
-4	OR (in this place		
A	TOWN Mahaw, Cy.	TOWN Laham Centuck	LI
4	d. FULL NAME OF III not in hospital or institution, give street address or	d. STREET (If rural, give location)	
7.	HOSPITAL OR location)	ADDRESS	/
K	INSTITUTION		
	3. NAME OF a. (First)/) b. (Middle)	C. (Last) 4. DATE (Month) (Day)	(Year)
1	DECEASED	A OF 2nd age.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(Type or Print) despe	Sewart DEATH MAY - 6,	ろろ
	5. SEX   6. COLOR OR BACE 7. MARRIED, MEVER MARRIED,	8. DATE OF BIRTH 9. AGE (In year out Under 1 Year If I	Inder 94 Hrs
	WIDOWED, DIVORCED (Specify)	last birthday)   Months   Days   Ho	urs Min.
	TEMALE White widewed	(UC) 25 1883 69 6 12	
	10a. USUAL OCCUPATION(Give kind of work 10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (State or foreign country) 12. CITIZI	N Oh A
	done during most of working life, even if	WHA?	COUNTRY!
		/ <del>CO1010000</del>	· PC'1'
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jana Taroles	Walter Tyson	
	IS WAS DECEMENTED IN IL S ABUSED SOUCESTIA SOCIAL SECURITY		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Tes, no, or unknown) (If yes, give war or dates of sarvice)	17. NEORMANI	
	(168, 189, Or Unknown) (It Jes, give war or dates or service)	I kny compre	L-
	MEDICAL	CERTIFICATION INTERVAL	BETWEEN
	II DISEASE OR CONDITION	ONSET A	ND DEATH
	Enter only one cause per li		
	line for (a). (b), and (c) DIRECTLY LEADING TO DEATH (a)	CDr2/ Hemmarrhose	
	Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH (a)	epral Hemmorrhoge	
	ANTECEDENT CAUSES		
	ANTECEDENT CAUSES		
	*This does not mean Morbid conditions, if any, giv- DUE TO (b)		
	ANTECEDENT CAUSES  This does not mean the mode of dying. ing rise to the above cause (a) stating the underlying	parten sire Cardoo Vascular	•
	ANTECEDENT CAUSES  This does not mean the mode of dying. ing rise to the above cause (a) stating the underlying	parten sire Cardoo Vascular	
	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complications and its of the disease, injury, or complications and its of the disease, injury, or complications and its of the disease.		
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