

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution: residence) a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky. - R-3		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Greenville, Kentucky		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			d. STREET ADDRESS Route # 3		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) Georgia Sweeney			4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1873	9. AGE (In years last birthday) 86	If Under 1 Year: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ben Duvall			14. MOTHER'S MAIDEN NAME Ann Cobb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. EMPLOYER (If known) Elgean Chandler			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive Cardiovascular disease Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443 X MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH					
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from Aug, 1959, to Sept 11, 1960, that I last saw the deceased alive on Sept 9, 1960, and that death occurred at 2:30 A.M. from the causes and on the date stated above.					
23a. DATE SIGNED 9-16-60		23b. ADDRESS Greenville, Ky.		23c. SIGNATURE (Degree or title) Hylan H Woodruff, M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1960		24c. NAME OF CEMETERY OR CREMATORY Joins Chapel Cem.	
24d. LOCATION (City, town, or county) Todd Co.		24e. STATE Kentucky			
25a. DATE REC'D BY LOCAL REG. 9-19-60		25b. REGISTRAR'S SIGNATURE Marjorie Hodge		26. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky.	