

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 22101REGISTRAR'S NO. 244Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Powderley, Ky.</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Powderley, Kentucky</u>	
3. NAME OF DECEASED a. (First) <u>Samuel</u> b. (Middle) <u>Burgess</u> c. (Last) <u>Sweeney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 20, 1870</u>
9. AGE (In years last birthday) <u>82</u>		If Under 1 Year: Months _____ Days _____	If Under 24 Hrs: Hours _____ 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> </u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Will Sweeney</u>	
14. MOTHER'S MAIDEN NAME <u>Nance Dupes</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u> </u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrrhea + Enteritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>OVER 2</u>	
DUE TO (c) <u>No definitive Exam</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>5911-108-20</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 (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>Oct 1 + 1952</u>		23b. ADDRESS <u>GREENVILLE, KY.</u>	
23c. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 11 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jones Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Todd Co. - Kentucky</u>	
25a. DATE REC'D BY <u>10-15-52</u>		25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	
25c. LOCAL REG. <u>MOCK REG.</u>		25d. FUNERAL DIRECTOR <u>Gary's Funeral Home - Greenville, Ky.</u>	