

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

13297

Registrar's No.

132

Registration District No.

1085

Primary Registration District No.

7486

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural
(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 Muhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL)(d) Street No. Braham
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME D. M. Tyson

3(b) If veteran,

3(c) Social Security

Name war _____

No. _____

4. Sex Male5. Color or
race White6(a) Single, widowed, married,
divorced _____

6(b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: _____ Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.7. Birthplace Ky.10. Usual occupation Farming

11. Industry or business _____

12. Name Nyley Tyson13. Birthplace Ky14. Maiden name Kittie Mercer.15. Birthplace Ky.16(a) Informant's own signature D. M. Tyson(b) Address Tuchon Ky

17. BURIAL, CREMATION, OR REMOVAL

Place UnityDate May 6, 194018(a) Signature of funeral director Parson & Day(b) Address Greenville Ky19(a) May 13, 1940 (Date received by local registrar)
(b) James C. Tate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 194021. I hereby certify that I attended the deceased from April 1, 1940
to April 4, 1940, that I last saw him alive on
April 3, 1940, and that death occurred on the date
stated above at _____Immediate cause of death Arteriosclerosis
of cerebral arteries
and fatal coronary
arteriosclerosis
and degeneration of heart
muscle
Other conditions _____
(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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)

While at work? _____

(e) Means of injury 596323. Signature James C. Tate

(M. D. or other)

Address _____

MARGIN RESERVED FOR BINDING
WRITING INK—THIS IS A PERMANENT RECORD. Every item of information 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.
N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.

corrected 2-11-41