

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg County</u>		2. USUAL RESIDENCE a. STATE <u>Kentucky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton K. R. #1</u>		c. LENGTH OF STAY (in this place) <u>13 Yrs.</u>	c. CITY OR TOWN <u>Belton, Kentucky</u> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Residence</u>		d. STREET ADDRESS <u>Route # 1</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arena</u> b. (Middle) <u>Walker</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1913</u>	9. AGE (In years last birthday) <u>45</u>	If Under 1 Year: Months <u>  </u> Days <u>  </u> If Under 24 Hrs.: Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home 88</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>James Blake</u>			14. MOTHER'S MAIDEN NAME <u>Bettis Martin</u>		

15. WAS DECEASED (Yes, no, or unknown) <u>no</u>	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>----- NO.</u>	17. INFORMANT <u>Melvin Walker</u>
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MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Hypertensive Cardio-Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>443X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 1-30, 1957, to 11-11, 1958, that I last saw the deceased alive on 11-10, 1958, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23a. DATE SIGNED <u>11-13-58</u>	23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE (Degree or title) <u>Thylan H Woodruff M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 12, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Ridge Cemetery</u>
25a. DATE REC'D BY LOCAL REG. <u>11-17-58</u>	25b. REGISTRAR'S SIGNATURE <u>Maryanne Hodge</u>	24d. LOCATION (City, town, county) (State) <u>Muhlenberg Co. -- Kentucky</u>
26. FUNERAL DIRECTOR ADDRESS <u>Gary's Funeral Home -- Greenville, Ky.</u>		