

Registration District No. 1085 Primary Registration District No. 7472

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL or TOWN) Central City, Ky.		c. LENGTH OF STAY (In last year)	d. CITY OR TOWN Central City, Ky.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence #3			d. STREET ADDRESS Route # 3		
3. NAME OF DECEASED a. (First) Florence b. (Middle) Leota c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 4, 1869	9. AGE (In years, months, days) 90	10. If Under 1 Year If Under 54 Mos. (Specify)
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) Muhlenberg Co. Ky	
13. FATHER'S NAME William Allen			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
14. MOTHER'S MAIDEN NAME Candace Kitchen			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service) NO		
16. SOCIAL SECURITY NO. None		17. INFORMANT Shelby Walker			
18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) heart failure Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) apoplexy DUE TO (c) arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
					PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 3-4
MEDICAL CERTIFICATION	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 a. m. p. m.	21c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 A. from the causes and on the date stated above.					
23a. DATE SIGNED 1	23b. ADDRESS Central City, Ky.		23c. SIGNATURE Dot Walker (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8, 1959	24c. NAME OF CEMETERY OR CREMATORY Cherry Grove	24d. LOCATION (City, town, or county) (State) Muhlenberg Co.,--Kentucky		
25a. DATE REC'D BY LOCAL REG. 10-1-59	25b. REGISTRAR'S SIGNATURE Marjorie Hodge		25c. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky.		