

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No.

24703

Registrar's No.

322

Registration District No.

1085

Primary Registration District No.

2436

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Greenville  
(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 Greenville  
(If outside city or town limits, write RURAL)  
(d) Street No. E. Main Comm St.  
(If rural give precinct)

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

3(a) FULL NAME Robert E. Wallace

3(b) If veteran,

3(c) Social Security

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex male5. Color or  
race white6(a) Single, widowed, married,  
divorced married6(b) Name of husband or wife Anna Mae Wallace6(c) Age of husband or wife if alive 68 Years7. Birth date of deceased July 8 1869  
(Month) (Day) (Year)8. AGE: Years 77 Months + Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Muhlenberg10. Usual occupation Retired Postmaster

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Robert Wallace13. Birthplace unknownMOTHER { 14. Maiden name Mary Kistley15. Birthplace unknown16(a) Informant's own signature E. L. Yontz(b) Address 700 University City Memphis Tenn

## 17. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date Nov. 21 194618(a) Signature of funeral director J. Irvine May(b) Address Greenville, Ky.19(a) 11-20-46 (Date received by local registrar) (b) Margerie Hodge (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 194621. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to Nov 19 1946 that I last saw him alive on  
Nov 19 1946 and that death occurred on the date  
stated above at 8:00 A.M.

Immediate cause of death \_\_\_\_\_

DURATION

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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? \_\_\_\_\_

(b) Means of injury \_\_\_\_\_

23. Signature E. L. Yontz

(M. D. or other)

Address Greenville Ky Date signed 11-21-46