

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

51 3820

State File No. 118-Registrar's No. 42Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</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>Central City R# 3</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City R# 3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Silas</u> (Type or Print) b. (Middle) <u>J.</u> c. (Last) <u>Ward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 25 1873</u>
9. AGE (In years last birthday) <u>77</u>		If Under 1 Year Months	If Under 1 Year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Muhl. Co. Ky.</u>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>J. W. Ward</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Jane Young</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robt. Ward</u>	
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>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary occlusion & arteriosclerosis</u>	
DUE TO (c) <u>generalized arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Heart - 20 - 10 - 10</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 OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <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 <u>Feb 14</u> , 19 <u>51</u> , to <u>Feb 22</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 P. m.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>2/28/51</u>		23b. ADDRESS <u>Central City, Ky</u>	
23c. SIGNATURE <u>James L. Webster M.D.</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Muhl Co. Ky</u>	
25a. DATE REC'D BY <u>3-3-51</u>		25b. REGISTRAR'S SIGNATURE <u>Maryanne Hodge</u>	
25c. FUNERAL DIRECTOR <u>Jucker Funeral Home</u>		ADDRESS <u>Central city Ky.</u>	