

24710

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No. _____

Registrar's No. 305

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Greenville
 (c) Name of hospital or institution: Muhlenberg Co Hospital
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community 11
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Mullig
 (c) City or town Greenville Ky Road
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mary Agnes Waters

3(b) If veteran, _____

3(c) Social Security _____

Name _____

No. _____

1. Female5. Color White6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Bruce Waters

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

7. Birth date of deceased March 24 - 1911
(Month) (Day) (Year)8. AGE: 32 Months 6 Days 27 If less than one day hr. _____ min.9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name L. L. Stewart13. Birthplace Ky.MOTHER { 14. Maiden name Mary A. Kelly15. Birthplace Penn16(a) Informant's own signature Margaret Hardwick(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL

Evergreen Date Oct 23, 194618(a) Signature of funeral director Tucker Funeral Home(b) Address Central City, Ky19(a) October 31, 1946 Anna R. Standford

(Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 194621. I hereby certify that I attended the deceased from Oct 15 1946 to Oct 21 1946 that I last saw him alive on Oct 21 1946, and that death occurred on the date stated above at 10:45 P M.Immediate cause of death Coronary OcclusionDue to Lymphatic Leukemia

DURATION

10 min

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? _____ (e) Means of injury _____

23. Signature J. H. Harsol

(M. D. or other)

Address Central City Date signed 10-22-46

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.