

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. _____

Registrar's No. 41Registration District No. 1085Primary 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 Kentucky (b) County Muhlenberg
(c) City or town Greenville
(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 Iris Wiseman

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex M5. Color or race W6(a) Single, widowed, married, divorced M6(b) Name of husband or wife E. G. Wiseman

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

7. Birth date of deceased Mar. 24 1873
(Month) (Day) (Year)8. AGE: Years 70 Months 10 Days 13
If less than one day _____ hr. _____ min.9. Birthplace Muhlenberg Co. Ky.10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name Bob Baggett13. Birthplace Muhlenberg Co, KyMOTHER { 14. Maiden name Molly Cabness15. Birthplace Laurens Co, Ky.16(a) Informant's own signature E. G. Wiseman(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Feb 8, 194418(a) Signature of funeral director Greenville(b) Address Greenville Ky19(a) 2-8-44 (Date received by local registrar)(b) J. P. P. P. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 194421. I hereby certify that I attended the deceased from 12-15 1943
to 2-7 1944, that I last saw him alive on _____ 19____, and that death occurred on the datestated above at 6:00 P. M.Immediate cause of death Ca of uterus

DURATION

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 4813

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 Robinson (M. D. or other)Address Greenville Ky Date signed 2-8-44

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.