

Registration District No. 1085

Primary Registration District No. 2435

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) Central City, Ky.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Central City		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Myrtie E. Carnithan			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27, 1890	9. AGE (In years last birthday) 67	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 00	11. BIRTHPLACE (State or foreign country) Ky.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Sallee			14. MOTHER'S MAIDEN NAME Louisa France		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ernest Brown		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CANCER OF LUNG				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 163 X - 050 - 12					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a. m. p. m.					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 October 15, 1956 to October 19, 1956 that I last saw the deceased alive on Oct. 24, 1956 and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED	23b. ADDRESS Central City, Ky.		23c. SIGNATURE <i>J. P. Haddock</i>		(Deveree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 25, 1956	24c. NAME OF CEMETERY OR CREMATOR Fairmount	24d. LOCATION (City, town, or county) (State) Central City, Ky.		
25a. DATE REC'D BY LOCAL REG. 11-5-56	25b. REGISTRAR'S SIGNATURE <i>Margerie Hodge</i>		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky.		