

Form V. S. 1-A
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

FILE NO. 116

REGISTRAR'S NO. 102

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ky</i> b. COUNTY <i>Muhlenberg</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Greenfield</i>	c. LENGTH OF STAY (in this place) <i>91</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Central City R #1</i>	d. STREET ADDRESS (If rural, give location) <i>7</i>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Muhlenberg Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>7</i>	

3. NAME OF DECEASED (Type or Print) <i>Andrew Melvin Woodburn Carter</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-10-54</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 20 - 1891</i>	9. AGE (In years last birthday) <i>62</i>	If Under 1 Year Months	1 Year Days	If Under 24 Hrs Hours	24 Hrs Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>42</i>	11. BIRTHPLACE (State or foreign country) <i>Ky</i>	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME <i>Thomas Carter</i>	14. MOTHER'S MAIDEN NAME <i>Lucendia Wilcox</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Robert L. Carter</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>State Fall injuring</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Head & chest</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>9102 - 147 - 25</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <i>Central City</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Central City R #1 Ky</i>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5-5-54 10:17 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED <i>5/11/54</i>	23b. ADDRESS <i>Clinton Mass</i>	23c. SIGNATURE (Degree or title) <i>C. D. Riley Coroner</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-12-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Coleman</i>	24d. LOCATION (City, town, or county) (State) <i>Central City Ky</i>
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25a. DATE REC'D BY LOCAL REG. <i>5-14-54</i>	25b. REGISTRAR'S SIGNATURE <i>Marjorie Hodge</i>	25c. FUNERAL DIRECTOR <i>Wesley Funeral Home</i>	ADDRESS <i>Central City, Ky</i>
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