

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Bohler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Bohler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Central City #4</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Central City #4</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malissia Ann</u> b. (Middle) <u>Carver</u> c. (Last)			4. DATE OF DEATH <u>Jan 26-54</u> Month (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 14-1865</u>	9. AGE at last birthday <u>88</u>	10. 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 <u>oo</u>	11. BIRTH-PLACE (State or foreign country) <u>Small Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Ira Skipworth</u>			14. MOTHER'S MAIDEN NAME <u>Cynthia Jenkins</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>J. F. Carver</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died Sudden at Home</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>No Cause Known</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1952-137-28</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:07 a.m.</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>1-28-54</u>	23b. ADDRESS <u>Cleary, Ky</u>		23c. SIGNATURE <u>J. F. Carver</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Skipworth</u>	24d. LOCATION (City, town, or county) (State) <u>Small Co. Ky</u>		
25a. DATE REC'D BY LOCAL REG. <u>2-1-54</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	25c. FUNERAL DIRECTOR <u>Lester J. J. J.</u>	ADDRESS <u>Central City Ky</u>		