

Registration District No. 1085

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Muhlenberg		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY OR TOWN Greenville		c. CITY OR TOWN Greenville, Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muhl. Co. Community		d. STREET ADDRESS Route # 3	
3. NAME OF DECEASED (Type or Print) a. (First) Galena b. (Middle) Mae c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) 12 5 63	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 3-27-1894	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	
11. BIRTHPLACE (State or foreign country) Muhlenberg County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Lucian Martin		14. MOTHER'S MAIDEN NAME Belle Weir	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Birdie Drake			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 444X ACUTE PULMONARY CONGESTION HYPERTENSIVE DISEASE DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 hr 15+ yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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. CITY, TOWN, OR LOCATION COUNTY STATE	
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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3:00 p. m., from the causes and on the date stated above.			
23a. DATE SIGNED 12/19/63		23b. ADDRESS Greenville	
23c. SIGNATURE [Signature]		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-8-63	
24c. NAME OF CEMETERY OR CREMATORY Rhodes Chapel		24d. LOCATION (City, town, or county) (State) Muhlenberg County	
25a. DATE REC'D BY LOCAL REG. 12/20/63		25b. REGISTRAR'S SIGNATURE [Signature]	
25c. FUNERAL DIRECTOR [Signature]		25d. ADDRESS [Address]	

MEDICAL CERTIFICATION