

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

State File No.

3620

Registrar's No.

52

Registration District No.

1085

Primary Registration District No.

2436

1. PLACE OF DEATH a. COUNTY <u>Greenwell Ky</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenwell Ky 01</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beek Beek Ky</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Muhlenberg Community Hosp</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1949</u>
5. SEX <u>Mal</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-19-1896</u>
9. AGE (In years last birthday) <u>72</u>	If Under Months	1 Year Days	If Under Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>2</u>	11. BIRTHPLACE (State or foreign country) <u>Muhlenberg, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>DAVID MARTIN</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Latham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>403-07-6557</u>	17. INFORMANT <u>Dr. J. Martin</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from varicose veins of esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Laenec's Cirrhosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		
11. 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 <u>5811-124A</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) m.	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 <u>January 26, 1949</u> to <u>Feb 6, 1949</u> , that I last saw the deceased alive on <u>Feb 6, 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>2/12/49</u>	23b. ADDRESS <u>Drakesboro, Ky.</u>	23c. SIGNATURE (Degree or title) <u>J. T. Proctor, MD</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-11-49</u>	24c. NAME OF CEMETERY OR CREAMATORY <u>Allen Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>ENNIS - KY</u>
25a. DATE REC'D BY LOCAL REG. <u>2-9-49</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Parker-Harkness Undertaking Beek Beek Ky.</u>	