

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

REG. NO. 216

55-23505

REGISTRATION NO. 279

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Middleburg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhl</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenbank</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City</u>	
d. FULL NAME OF DECEASED (Last, first, middle) <u>Muhl, Edwin May</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Edwin</u> b. (Middle) c. (Last) <u>Mayer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar 22 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>2-U</u>	11. BIRTHPLACE (State or foreign country) <u>Logan Co. Ky</u>
13. FATHER'S NAME <u>Will Mayer</u>		14. MOTHER'S MAIDEN NAME <u>Martha Stokes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>207-05-6113</u>	
17. INFORMANT <u>Mrs Emma Mayer</u>		12. CITIZEN OF WHAT COUNTRY?	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>	
*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 (c)	
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 <u>330 x - 070-14</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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>9-17-1951</u> to <u>10-28-1955</u> , that I last saw the deceased alive on <u>10-28-1955</u> , and that death occurred at <u>7:30 P. M.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>11-3-55</u>		23b. ADDRESS <u>Central City, Ky.</u>	
23c. SIGNATURE <u>R. H. ...</u>		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-55</u>	
24c. NAME OF CEMETERY OR CREMATORIUM <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Central City Ky</u>	
25a. DATE REC'D BY LOCAL REG. <u>11-9-55</u>		25b. REGISTRAR'S SIGNATURE <u>Maguire Judge</u>	
25c. FUNERAL DIRECTOR <u>Wickham Funeral Home</u>		25d. ADDRESS <u>Central City Ky.</u>	