

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

24708

Registrar's No.

300

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Central City, Ky  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Jessamine  
(c) City or town Central City  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ year

3(a) FULL NAME Leola Probsinger

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security  
Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Robert Probsinger

6(c) Age of husband or wife 49 Years

7. Birth date of deceased Jan 1894  
(Month) (Day) (Year)

8. AGE: 2 Years 6 Months 1 Days If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Muhlenberg Co Ky

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Thomas Martin

13. Birthplace Ky

MOTHER { 14. Maiden name Margaret Stobaug

15. Birthplace Ky

16(a) Informant's own statement Robert Probsinger

(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Color Springs Date Oct 7 1946

18(a) Signature of funeral director Central Funeral Home

(b) Address Central City, Ky

19(a) 10-11-1946 Anna L. Brindley  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1946

21. I hereby certify that I attended the deceased from Oct 4 1946 to Oct 6 1946 that I last saw him alive or stated above at 5:30 P M. and that death occurred on the date stated above at 5:30 P M.

Immediate cause of death Nyssaureitis

Due to Interstitial Nephritis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature J. H. Starralson  
(M. D. or other)  
Address Central City, Ky Date signed Oct 7 1946

DURATION  
7 days