

Registration District No. **1085**

Primary Registration District No. **7471**

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY OR TOWN Central City R 4		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Central City		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Earl Norman Riley			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH May 3, 1907		9. AGE (in years last bday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY 311	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Louis Riley			14. MOTHER'S MAIDEN NAME Annie Elizabeth Carter		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Eula Mae Riley		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung abscess				INTERVAL BETWEEN ONSET AND DEATH 3 months
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b)	DUE TO (c)		
			521X - 095-34		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Bilateral Nephropathy.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **10-2**, **1956** to **11-15**, **1956** that I last saw the deceased alive on **11-15**, **1956** and that death occurred at **4:30 pm**, from the causes and on the date stated above.

23a. DATE SIGNED 11-15-56	23b. ADDRESS Central City, Ky.	23c. SIGNATURE Thomas Kelly M. D. (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 17, 1956	24c. NAME OF CEMETERY OR CREMATORY Jago	24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.
25a. DATE REC'D BY LOCAL REG. 11-19-56	25b. REGISTRAR'S SIGNATURE Margaret Hady	26. FUNERAL DIRECTOR Tucker Funeral Home Central City, Ky. ADDRESS	