

COMMONWEALTH OF KENTUCKY

State File No. 23154  
 Registrar's No. 23154

Form V. S. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Greenville  
(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 Muhlenberg

(c) City or town Greenville  
(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.? \_\_\_\_\_ years

3(a) FULL NAME Orion L. Roark

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

4. Sex Male 5. Color White 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Nov 26 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ky

10. Usual occupation Retired undertaker

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

FATHER { 12. Name James Louis Roark

13. Birthplace Ky

MOTHER { 14. Maiden name Jane Elizabeth Morgan

15. Birthplace Ky

16(a) Informant's own signature Carroll Roark

(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL  
 Place Courthouse Date Oct 11 1943

18(a) Signature of funeral director Greenville Funeral Home

(b) Address Greenville, Ky

19(a) 10/11/43 (Date received by local registrar) (b) Jane P. Lauer (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Oct 10 1943

21. I hereby certify that I attended the deceased from Dec. 9 1942 to December 12 1942 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date stated above at 10:15 P M.

Immediate cause of death Coronary thrombosis DURATION \_\_\_\_\_

Due to Obtained via vein in the

Muhl Community Hospital from

Dec. 9 to Dec. 12, 1942. He had

Other conditions on street, but not  
(Include pregnancy within 3 months of death)  
attended in the last few months.

Major findings: \_\_\_\_\_  
 Of operations: 4+ A

Of autopsy: 5+ A

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? \_\_\_\_\_ (d) Means of injury \_\_\_\_\_

23. Signature W. Simpson MD (M. D. or other)

Address Greenville, Ky. Date signed \_\_\_\_\_

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.