

Registration District No. 1085

Primary Registration District No. 17471

1. PLACE OF DEATH a. COUNTY <i>Muhlenberg</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE <i>Ky</i> b. COUNTY <i>Muhlenberg</i>		
b. CITY OR TOWN <i>Beltone</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Beltone</i> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS <i>Reeal</i> IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <i>Ellis Taylor Roberson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11 12 56</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-2-1884</i>		9. AGE (In years last birthday) <i>70</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Miner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mining</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Robert Roberson</i>		
14. MOTHER'S MAIDEN NAME <i>Alecia Jackson</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See, no, or unknown) <i>no</i>		
16. SOCIAL SECURITY #			17. INFORMANT <i>MR. Roberson</i>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Hypertensive Cardio-Vascular Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>		
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) <i>Coronary Occlusion</i>			DUE TO (c) <i>1 hr</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>1201-081-16</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. CITY, TOWN, OR LOCATION COUNTY STATE		
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., et. )		
22. I hereby certify that I attended the deceased from <i>1951</i> to <i>11/12</i> , 1956 that I last saw the deceased alive on <i>11/6</i> , 1956 and that death occurred at <i>10:30</i> a. m. from causes and on the date stated above.					
23a. DATE SIGNED <i>11/17/56</i>		23b. ADDRESS <i>Greenwell, Ky</i>		23c. SIGNATURE (Degree or title) <i>Charles W. M.D.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-14-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hazel Creek Cem</i>	
24d. LOCATION (City, town, or county) (State) <i>Muhlenberg Co Ky</i>		25a. DATE REC'D BY LOCAL REG. <i>11-19-56</i>		25b. REGISTRAR'S SIGNATURE <i>Marygrove Andye</i>	
25c. FUNERAL DIRECTOR <i>Parke Washburne Farnell</i>		26. ADDRESS <i>Beech Creek Kentucky</i>			

MEDICAL CERTIFICATION