

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

FILE NO. 116 52 15536

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 178

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Brewer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brewer</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>SAM</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1952</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 22, 1882</u>
9. AGE (In years last birthday) <u>69</u>		If Under Months	If Under 1 Year Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>coal mining &amp; construction</u>	
11. BIRTHPLACE (State or foreign country) <u>Todd County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joe Roberts 3L</u>		14. MOTHER'S MAIDEN NAME <u>Jempie Kainier</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>3L</u>	
17. INFORMANT <u>Eugene N. Roberts.</u>			
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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension - Arteriosclerosis - Sclerotic eye</u>	
DUE TO (c) <u>Senility</u>			
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>331X-070-16</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		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>June 26, 1952</u> to <u>July 2, 1952</u> , that I last saw the deceased alive on <u>June 30, 1952</u> and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>7/20/52</u>		23b. ADDRESS <u>Wrensboro Ky</u>	
23c. SIGNATURE <u>Charles W. D... M.D.</u>		(Degree or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co Ky.</u>	
25a. DATE REC'D BY LOCAL REG <u>7-22-52</u>		25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	
26. FUNERAL DIRECTOR <u>Paulus Washburne Bannell</u>		ADDRESS <u>Buck Creek Ky</u>	