

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 94

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleaton		c. LENGTH OF STAY (If in this place) 12 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleaton		d. FULL NAME OF (If not in hospital, or institution, give street address or HOSPITAL OR location) INSTITUTION
d. STREET ADDRESS (If rural, give location)			3. NAME OF DECEASED a. (First) Thomas b. (Middle) Rutledge c. (Last)		
4. DATE OF DEATH 4 25 51		5. SEX Male		6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/14/76		9. AGE (In years last birthday) 75	If Under 1 Year Months	If Under 2 Year Days	If Under 24 Hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal mines	11. BIRTHPLACE (State or foreign country) Franklin Co Tenn		12. CITIZEN OF U.S. COUNTRY?
13. FATHER'S NAME Ike Rutledge			14. MOTHER'S MAIDEN NAME Eliza Willis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY	17. INFORMANT Thomas Rutledge		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <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 3-27 , 19 51 , to 4-15 , 19 51 , that I last saw the deceased alive on 4-15 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. DATE SIGNED 5-7-51		23b. ADDRESS Central City, Ky		23c. SIGNATURE R. E. ... M. D. (Degree or title)	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 4/28/51	24c. NAME OF CEMETERY OR CREMATORY Lacyfield	24d. LOCATION (City, town, or county) (State) Cleaton Muh. Ky	
25a. DATE REC'D BY LOCAL REG. 5/15/51		25b. REGISTRAR'S SIGNATURE Dr. Margaret Hodge	25c. FUNERAL DIRECTOR Engene S. Elliott	ADDRESS Greenville Ky	