

24713

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS

Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg(b) City or town Greenville(c) Name of hospital or institution
(If outside city or town limits, write RURAL)Muhlenberg Co. Community Hosp.(d) Length of stay: In hospital or community 26
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg(c) City or town Greenville
(If outside city or town limits, write RURAL)(d) Street No. 212 Hopkinsville
(If rural give precinct)

(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Thomas Nelson Stiresman

3(b) If veteran,

3(c) Social Security

Name war

N

4. Sex male 5. Color or race white 6(a) Single, widowed, married
divorced widowed6(b) Name of husband or wife Eunice Stiresman

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

7. Birth date of deceased Aug 19 1881
(Month) (Day) (Year)8. AGE: Years 65 Months 3 Days 3 If less than one day
hr. min.9. Birthplace Muhlenberg Co.10. Usual occupation Salesman

11. Industry or business

12. Name Joseph Stiresman13. Birthplace Muhlenberg Co.14. Maiden name Deborah Devine15. Birthplace Muhlenberg Co.16(a) Informant's own signature Mrs. Kenneth Bowling(b) Address 1910 Adelia Ave. Nashville Tenn

17. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Nov. 19, 194618(a) Signature of funeral director J. Irvin Gary(b) Address Greenville, Ky19(a) 11-18-46 (b) Marjorie Hodge
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-46 194621. I hereby certify that I attended the deceased from 10-22 1946to 11-16-46 1946, that I last saw him alive at11-16-46 1946, and that death occurred on the day

stated above at _____ M.

Immediate cause of death Pertussis Inf. DURATIONDue to bowel obstructionOther conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations Bowel obstruction dueto adhesionsOf autopsy Inf. Pertussis; Tumor headPneumonia - Organisms cultured

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? _____ (e) Means of injury _____

23. Signature [Signature] (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.