

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Wheeler</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Wheeler</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Greenville</u>		c. LENGTH OF STAY (in this place)	
c. CITY <u>Greenville</u>		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>RFD 1</u>	
IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>A.</u> c. (Last) <u>Widewood</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>13</u> (Year) <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 23, 1905</u>
9. AGE (In years - last birthday) <u>53</u>	If Under 1 Year: Months <u>5</u> Days <u>3</u>	If Under 24 Hrs.: Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State and foreign country) <u>Ky</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>John Widewood</u>	14. MOTHER'S MAIDEN NAME <u>Sally Tyson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY	17. INFORMANT <u>Mrs Lee Widewood</u>	
18. CAUSE OF DEATH			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		MEDICAL CERTIFICATION	
DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
DUE TO (c)		<u>5 yr?</u>	
DUE TO (d)		<u>5 yr?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>Preceding episode Acute Infarct, Nov, 1956</u>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>		
21b. TIME OF INJURY Hour <u>4:00</u> a. m. p. m.	21c. CITY, TOWN, OR LOCATION		
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., etc.)	COUNTY	STATE
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>11-13-58</u>	23b. ADDRESS <u>Greenville, Ky.</u>	23c. SIGNATURE (Degree or title) <u>W. F. Brodman, M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/15</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Wagner's Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeler County Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>11-15-58</u>	25b. REGISTRAR'S SIGNATURE <u>Charvorie Hodge</u>	25c. FUNERAL DIRECTOR <u>Funeral Home</u> ADDRESS <u>Greenville, Ky.</u>	