

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

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's No. 269Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhl.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhl.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>	c. LENGTH OF STAY (In this place) <u>1 hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Central City (Rural)</u>	
d. FULL NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION <u>Muhl. Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>R #1</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Roger Lee</u>	b. (Middle)	c. (Last) <u>Underwood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1949</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>Jan 25, 49</u>	9. AGE (In years last birthday)	If Under Months <u>8</u>	1 Year Day If Under Hours <u>15</u>	24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Muhl. Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Aubrey Underwood</u>				14. MOTHER'S MAIDEN NAME <u>Cora May Lanham</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		DUE TO (b) <u>Influenza</u>			<u>3 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>480 X - 33A</u>			
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 Oct 10, 1949 to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 7³⁰ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>10/12/49</u>	23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE (Degree or title) <u>James Wilson M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coleman</u>	24d. LOCATION (City, town, or county) (State) <u>Muhl. Co. Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>10-15-49</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Hodge</u>	26. FUNERAL DIRECTOR ADDRESS <u>Trucker Funeral Home Central City Ky</u>	