

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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. **18186**  
Registrar's No. **211**Registration District No. **1085**Primary Registration District No. **7471**

## 1. PLACE OF DEATH:

(a) County **Muhlenberg**  
(b) City or town **Graham.**  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Ky** (b) County **Muhlenberg.**  
(c) City or town **Graham.**  
(If outside city or town limits, write RURAL)

(d) Street No. **Graham.**  
(If rural give precinct)

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

3(a) FULL NAME **Carl Uzzle**

3(b) If veteran, \_\_\_\_\_

3(c) Social Security

Name war \_\_\_\_\_

No. **401-01-8405**4. Sex **male** 5. Color or race **white** 6(a) Single, widowed, married, divorced **married.**6(b) Name of husband or wife **Bettie Uzzle**6(c) Age of husband or wife if alive **60.** Years7. Birth date of deceased **April 23 1885**  
(Month) (Day) (Year)8. AGE: Years **61** Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day hr. \_\_\_\_\_ min.9. Birthplace **Muhlenberg Co.**10. Usual occupation **Coal Co High Boss. 2**

11. Industry or business \_\_\_\_\_

FATHER

12. Name **Union Uzzle.**13. Birthplace **Unknown.**

MOTHER

14. Maiden name **Tennessee Haley.**15. Birthplace **Unknown.**16(a) Informant's own signature **Morris Uzzle**(b) Address **Graham, Ky.**

## 17. BURIAL, CREMATION, OR REMOVAL

Place **Unity** Date **Aug 8, 1946**18(a) Signature of funeral director **J. Irvin Gary.**(b) Address **Greenville, Ky.**19(a) **8-7-46** (b) **Marijorie Haley**  
(Date received by local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH **8-6 1946**21. I hereby certify that I attended the deceased from **4-1 1946**  
to **8-6-46** 19\_\_\_\_, that I last saw him alive on **8-4-46** 1946 and that death occurred on the date stated above at **11.15 P. M.**

Immediate cause of death

**Cancer of pancreas**

DURATION

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy **Cancer of Pancreas**

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 **D. D. Simpson**

(M. D. or other)

Address **Greenville 17** Date signed **8-7-46**