

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 202Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville
(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 Greenville
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ years3(a) FULL NAME Scott Uzzle

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No. _____

4. Sex male 5. Color W race _____ 6(a) Single, widowed, married,
divorced married6(b) Name of husband or wife Missie6(c) Age of husband or wife if alive 61 Years7. Birth date of deceased Nov 29 1879
(Month) (Day) (Year)8. AGE: 65 Years Months Days If less than one day
hr. min.9. Birthplace Muhlenberg10. Usual occupation Carpenter

11. Industry or business _____

12. Name Scott Uzzle13. Birthplace Muhlenberg14. Maiden name Eliza Mathena15. Birthplace Muhlenberg16(a) Informant's own signature Olivia Uzzle Adler(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Unity Date Aug 13, 194418(a) Signature of funeral director Leopoldina Adams(b) Address Greenville Ky19(a) 2-15-44 (b) Margie Hodge
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 194421. I hereby certify that I attended the deceased from Jan 1 1944
to Aug 10 1944 that I last saw him alive on
Aug 9 1944 and that death occurred on the date
stated above at 4:20 P.M.Immediate cause of death Lymphatic
LeukemiaDURATION
1 YearDue to No Cause FoundOther conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 74A

Of autopsy _____

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 J. H. Harsalson (M. D. or other)Address Central Ave 74 Date signed 8-11-44

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY 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.