

Registration District No. 1085

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Muhlenberg County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Muhlenberg	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN R-1, Greenville, Ky.		c. CITY OR TOWN Greenville, Ky.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence		d. STREET ADDRESS Route # 1	
3. NAME OF DECEASED (Type or Print) Sally Vincent		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 20, 1881
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) Christian Co.--Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Virgil Oates		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 2520	
17. INFORMANT Carlen Stehough		18. CAUSE OF DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial ischemia		INTERVAL BETWEEN ONSET AND DEATH 2+ yrs	
DUE TO (b) Thyrototoxicosis		5+ yrs	
DUE TO (c) Nodular Goitre.		10+ yrs	
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 type="checkbox"/>	
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.)	
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		21c. INJURY OCCURRED WHILE AT <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.)		21e. CITY TOWN, OR LOCATION 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 1 A. m., from the causes and on the date stated above.			
23a. DATE SIGNED		23b. ADDRESS Greenville, Ky	
23c. SIGNATURE H. T. Prockman, III, MD.		(Signature as above)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1959	
24c. NAME OF CEMETERY OR CREMATORY Vincent Cemetery		24d. LOCATION (City, town, or county) (State) Muhlenberg Co.--Ky.	
25a. DATE REC'D BY LOCAL REG. 1-26-59		25b. REGISTRAR'S SIGNATURE Marjorie Hodge	
26. FUNERAL DIRECTOR ADDRESS Gary's Funeral Home--Greenville, Ky.			

Prockman

MEDICAL CERTIFICATION