

*Harralson*  
 State File No. 2912  
 Registrar's No. 75

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

Registration District No. 1085 Primary Registration District No. 2436

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.

1. PLACE OF DEATH:  
 (a) County Muhlenberg, Ky.  
 (b) City or town Greenwood, Ky.  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution Muhlenberg Co. Hospital  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In (hospital or community) 01 (years, months or days)

3(a) FULL NAME La Rue Edmond Wilkins  
 3(b) If veteran, Name war \_\_\_\_\_ No. \_\_\_\_\_  
 3(c) Social Security No. \_\_\_\_\_

4. Sex Male  
 5. Color White  
 6(a) Single Married  
 divorced \_\_\_\_\_

6(b) Name of husband or wife Judie Whitmer  
 6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased March 3 - 1880  
 (Month) (Day) (Year)

8. AGE: 64 Years 0 Months 8 Days  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ky.

10. Usual occupation \_\_\_\_\_ ✓

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

FATHER { 12. Name Joe Wilkins  
 13. Birthplace Unknown

MOTHER { 14. Maiden name Francis Whitmer  
 15. Birthplace Unknown

16(a) Informant's town, city, or county Central City, Ky.  
 (b) Address By R # 3

17. BURIAL, CREMATION, OR REMOVAL  
Cherry Hill Date March 11, 1944  
Funeral Home

18(a) Signature of informant [Signature]  
 (b) Address Central City, Ky.  
 19(a) Date received by local registrar April 6, 1944  
 (Registrar's signature) [Signature]

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kentucky (b) County Muhlenberg  
 (c) City or town Greenwood, Ky.  
 (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.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1944

21. I hereby certify that I attended the deceased from March 11, 1944 to March 11, 1944, that I last saw her alive on March 11, 1944 and that death occurred on the date stated above at 1:00 P.M.

Immediate cause of death Coronary Thrombosis

Due to no cause known

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 97A

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

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. Harralson (M. D. or other)  
 Address Central City, Ky. signed 3/31/44

DURATION
<u>11 days</u>