

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH: (a) County Daviess (b) City or town Greenfield, Ky.
(c) Name of hospital or institution Muhlenberg Co Hospital
(d) Length of stay: In hospital
2. USUAL RESIDENCE OF DECEASED: (a) State Ky (b) County Central City, Ky
(c) City or town Central City, Ky
(d) Street No. 121 S 3rd St.
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME Lissie Fairlee Wilkins

3(b) If veteran, Name war Female
3(c) Social Security No. W.
5. Color of hair White
6(a) Single, divorced, married, widowed W.

6(b) Name of husband or wife
6(c) Age of husband or wife 1881 - March 20 Years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 60 Years 2 Months 8 Days
9. Birthplace Ohio Co - Ky.

10. Usual occupation ✓

11. Industry or business ✓

FATHER { 12. Name William J. Stewart

13. Birthplace Ky

MOTHER { 14. Maiden name Mae Richard

15. Birthplace Ky.

16(a) Informant's own signature Robert Wilkins

(b) Address Central City, Ky.

17. BURIAL INFORMATION, OR REMOVAL PLACE Wagon Date 8-29-44

18(a) Signature of funeral director Funeral Home

(b) Address Central City, Ky.

19(a) 9-7-1944 (Date received by local registrar) Arma (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Aug 28 1944
21. I hereby certify that I attended the deceased from Aug 25 1944
to Aug 28 1944 that I last saw relative on Aug 28 1944 and that death occurred on the date stated above at 3:30 P.M.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 61-94A

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? (a) Means of injury

13. Signature J. H. Harshbarger

(M. D. or other) Central City Ky Address Date signed 8-29-44

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.

MARGIN RESERVED FOR BINDING