

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY Muhlenberg			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Muhlenberg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenville, Ky.		c. LENGTH OF STAY (in this place) 01	c. CITY OR TOWN Bremen		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Muhlenberg Community Hosp.			d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) H. c. (Last) Wilkins			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Feb. 28, 1886		9. AGE (In years last birthday) 70 If Under 1 Year: Months Days If Under 24 Hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY 42	11. BIRTHPLACE (State or foreign country) Muhlenberg Co. Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Barney Wilkins			14. MOTHER'S MAIDEN NAME Nancy Vincent		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Harbin Wilkins		

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days		
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.	DUE TO (b) Chronic Hypertensive Cardio-Vascular Disease	DUE TO (c) Chronic Cholecystitis			2 yrs 3 yrs		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 442X-083-16				
21b. TIME OF INJURY Hour a. m. p. m. Hour			21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21d. PLACE OF INJURY (a. 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 8/1 , 19 56 to 10/24 , 19 56 that I last saw the deceased alive on 10/24 , 19 56 , and that death occurred at 7:15 PM from the causes and on the date stated above.							
23a. DATE SIGNED 10/26/56		23b. ADDRESS Greenville Ky		23c. SIGNATURE Charles W. Wilson M.D. (Deputy or Title)			
24a. RURAL CREMATION (Specify) Burial		24b. DATE Oct. 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah		24d. LOCATION (City, town, or county) (State) Muhlenberg Co. Ky.	
25a. DATE REC'D BY LOCAL REG. 11-6-56		25b. REGISTRAR'S SIGNATURE Marguerite Hodge		26. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Central City, Ky.			