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

DELAY

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

State File No. 27065
Registrar's No. 279

Registration District No. 1085 Primary Registration District No. 7471

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 (b) City or town Graham, Ky
(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 Graham
(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.? (Year)

3(a) FULL NAME Mary Elizabeth Willis
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced S
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Oct 21 (Month) 1862 (Day) (Year)
8. AGE: Years 83 Months Days 8 If less than one day hr. min.
9. Birthplace Ky.
10. Usual occupation
11. Industry or business
FATHER 12. Name James Tomlin
13. Birthplace Ky
MOTHER 14. Maiden name Unknown
15. Birthplace Ky
16(a) Informant's own signature Peter Willis
(b) Address Graham Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Yago Date Oct 31 1945
18(a) Signature of funeral director Tucker Funeral Home
(b) Address Central City Ky
19(a) December 10, 1945 (Date received by local registrar) (b) Anna L. Blandford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct 29 1945
21. I hereby certify that I attended the deceased from Oct 10 1945 to Oct 29 1945, that I last saw him alive on Oct 29 1945, and that death occurred on the date stated above at 12:25 P. M.

Immediate cause of death	DURATION
Lobar Pneumonia Rt Lung (Uncomplicated)	19 days
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
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? (d) Means of injury
23. Signature Samuel Wilson MD (M. D. or other)
Address Greenville Ky Date signed 11/3/45