

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 3627Registrar's No. 72Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Muhl</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Rural</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville, Rural</u>	
3. NAME OF DECEASED a. (First) <u>Eudonia</u> (Type or Print)		b. (Middle) <u>Jay</u>	
c. (Last) <u>Bryant</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-19-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb-5-1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) If Under Months Days If Under 24 Hrs. Hours Min. <u>15</u>
11. BIRTHPLACE (State or foreign country) <u>Greenville, Rural, Ky</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Winford Bryant</u>		14. MOTHER'S MAIDEN NAME <u>Imanol McEntosh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Winford Bryant</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown. Had been</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>suffering with a cold</u> DUE TO (c) <u>for two or three days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>470X - 104A</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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 <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>Feb 19</u>	23b. ADDRESS <u>Greenville, Ky</u>	23c. SIGNATURE <u>Howard F. Haskins, Coroner</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>February 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg, Ky.</u>
25a. DATE REC'D BY LOCAL REG. <u>2-19-49</u>	25b. REGISTRAR'S SIGNATURE <u>Maxine Hodge</u>	26. FUNERAL DIRECTOR <u>Ray's Funeral Home Greenville, Ky</u> ADDRESS	