

FORM V.S. NO. T-A REV. 1-58 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 <u>59-19090</u>	REGISTRAR'S NO. <u>71</u>
Registration District No. <u>680</u>		Primary Registration District No. <u>2245</u>			
1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mumfordsville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mumfordsville</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>2nd St.</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Carrie</u> b. (Middle) <u>Crutcher</u> c. (Last) <u>Hubbard</u>			4. DATE OF DEATH <u>Aug 28 1959</u> (Month) (Day) (Year)		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWER, DIVORCED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>		11. BIRTHPLACE (State or foreign country) <u>Ky</u>	
13. FATHER'S NAME <u>James T. Crutcher</u>			14. MOTHER'S MAIDEN NAME <u>Mary Eliza Adair</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. D. A. Richardson</u>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pneumonia, terminal</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>	
Conditions, if any, which gave rise to above cause (a) starting the underlying cause last.		DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>years</u>	
		DUE TO (c) <u>Hypertensive C.V. Disease</u>		<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		<u>44 3 x</u>		17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)			
21b. TIME OF INJURY Hour <u>5:00</u> Month <u>Aug</u> Day <u>28</u> Year <u>1959</u> P. M.		21c. CITY, TOWN, OR LOCATION COUNTY STATE			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. 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 <u>3-1-1958</u> to <u>8-28-1959</u> , that I last saw the deceased alive on <u>8-25-1959</u> , and that death occurred at <u>3:30 P.M.</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>9-28-59</u>		23b. ADDRESS <u>Mumfordsville, Ky</u>		23c. SIGNATURE <u>Walter Speer, M.D.</u> (Physician or other)	
24a. BURIAL, CREMATION, REPOVAL (Specify)		24b. DATE <u>Aug. 30, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark Co. Ky</u> (State)	
25a. DATE REC'D BY LOCAL REG. <u>9-30-59</u>		25b. REGISTRAR'S SIGNATURE <u>Lawrence W. Miller</u>		25c. FUNERAL DIRECTOR <u>William Miller & Sons</u> ADDRESS <u>Mumfordsville, Ky</u>	