

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Birth

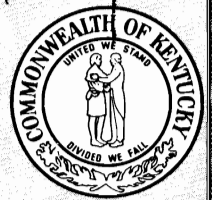
COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 61 15588
 REGISTRAR'S NO. 82

Registration District No. 1064 Primary Registration District No. 2420

FORM V.S. NO. T-A
 REV. 1-56
 FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE a. STATE <u>KENTUCKY</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>TOMPKINSVILLE</u>		c. CITY OR TOWN <u>TOMPKINSVILLE Pt. 2</u>	
c. LENGTH OF STAY (in this place) <u>02</u>		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CO. WAR MEMORIAL</u>		d. STREET ADDRESS	
IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (First) <u>LUTHER</u> b. (Middle) c. (Last) <u>BRIMSLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 24, 1895</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>	
13. FATHER'S NAME <u>William</u>		14. MOTHER'S MAIDEN NAME <u>JANE HAMMER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Edward Brimsley</u>			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>ART. C.V.A.</u> DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>13 Days</u>
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.)	
21b. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____		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>7-6 1961</u> to <u>7-19 1961</u> , that I last saw the deceased alive on <u>7-19 1961</u> , and that death occurred at <u>7:45 pm.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED	23b. ADDRESS <u>Samuel Ky</u>	23c. SIGNATURE (Degree or title) <u>John Marsh M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/21/61</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Poland</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE</u>
25a. DATE REC'D BY LOCAL REG. <u>8-2-61</u>	25b. REGISTRAR'S SIGNATURE <u>Sandra J. Davis</u>	26. FUNERAL DIRECTOR <u>John Ed. Yorkley, Tompkinsville, Ky.</u>	



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Sandra J. Davis, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony whereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 25th day of Sept, 20 00

Sandra J. Davis
 Sandra J. Davis, State Registrar