

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State 50 No. 08765Registrar's No. 127Registration District No. 70 Primary Registration District No. 2020

1. PLACE OF DEATH a. COUNTY <u>Barren</u>			2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Barren</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>		
d. FULL NAME OF, if not in hospital or institution, give street address or location HOSPITAL OR INSTITUTION <u>Glasgow</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Riley Wilson Goodman</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 13 1878</u>	9. AGE (In years last birthday) <u>71</u>	If Under Months <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>11</u>	11. BIRTHPLACE (State or foreign country) <u>Barren Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Jefferson Goodman</u>			14. MOTHER'S MARDEN NAME <u>Martha B. Baber</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>407-4-8460</u>	17. INFORMANT <u>Daryl Goodman</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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>42-1-281-17</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 WORK <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 <u>22 Apr</u> , 19 <u>50</u> , and that death occurred <u>at 3:00 PM</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>2 May 1950</u>		23b. ADDRESS <u>Glasgow, Ky.</u>		23c. SIGNATURE (Degree or title) <u>Bessie Starr</u>	
24a. BURIAL, CREMATION, REMOVAL (10-172)	24b. DATE <u>April 24</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union #1</u>	24d. LOCATION (City, town, or county) (State) <u>Barren Co. Ky.</u>		
25a. DATE REC'D BY <u>1950</u>	25b. REGISTRAR'S SIGNATURE <u>Bessie K. Smith</u>	26. FUNERAL DIRECTOR <u>J. C. Hatch</u> ADDRESS <u>Glasgow, Ky.</u>			