

Registrar of Vital Statistics

Certified Copy



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

DELAY

Form V. S. 1-A COMMONWEALTH OF KENTUCKY 55- 22018

FEDERAL SECURITY AGENCY Department of Health FILE NO. 116
 U. S. PUBLIC HEALTH SERVICE BUREAU OF VITAL STATISTICS
 NATIONAL OFFICE VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO. 611

Registration District No. 410X Primary Registration District No. 2145

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>McLean</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensboro 02</u>	c. LENGTH OF STAY (in this place) <u>3 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 015</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>Owensboro-Daviess Co.</u>		d. STREET ADDRESS (If rural, give location) <u>Calhoun, Ky. Rt. 2</u>	
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Garland</u> c. (Last) <u>Robertson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 6, 1871</u>
9. AGE (In years last birthday) <u>84</u>		If Under 1 Year Months <u>2</u> Days <u>19</u>	If Under 24 Hrs Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Samuel B. Robertson</u>	
14. MOTHER'S MAIDEN NAME <u>Francis Morgan</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>F. G. Robertson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis & venous</u> DUE TO (c) <u></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>4201 - C31-16</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19a. DATE OF OPERATION	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 <u>8-31</u> , 19 <u>55</u> to <u>Sept 25, 1955</u> that I last saw the deceased alive on <u>9-25</u> , 19 <u>55</u> and that death occurred at <u>1:50 P. m.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>10-28-55</u>		23b. ADDRESS <u>700 Indiana O'Brook</u>	
23c. SIGNATURE <u>Franklin C. Garwood</u>		23d. LOCATION (City, town, or county) (State) <u>Owensboro Ky</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Owensboro Ky</u>	
25a. DATE RECD BY <u>11-8-1955</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25c. REGISTRAR'S NAME <u>FRANCIS HALL, M. D.</u>		26. FUNERAL DIRECTOR <u>MUSTEK Funl. Home: Calhoun, Ky.</u>	

D. Yarbrough



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

I, Barbara F. White, 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 thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 10 day of Aug, 1955.

Barbara F. White

Barbara F. White, State Registrar