

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

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 1034  
1906

Registration District No. 500X Primary Registration District No. 216S

1. PLACE OF DEATH a. COUNTY <u>Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Bath</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmers</u>	
c. LENGTH OF STAY (In this place) <u>01</u>		d. STREET ADDRESS (If rural, give location) <u>001</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (Specify)) <u>Good Samaritan Hospital</u>			

3. NAME OF DECEASED a. (First) <u>IRA</u> (Type or Print)			b. (Middle) <u>F</u>			c. (Last) <u>Greer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1954</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 2, 1899</u>					
						9. AGE (In years last birthday) <u>55</u>			10. U.S. CITIZEN? <u>Yes</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBERMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER 21</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>				12. CITIZEN OF WHICH COUNTRY? <u>U.S.A.</u>			
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13. FATHER'S NAME <u>W. T. Greer</u>		14. MOTHER'S MAIDEN NAME <u>Alice Shepherd</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, pointing rise to the above cause (a) stating the underlying disease or cause last. DUE TO (b) <u>Stain, varicose, post abdominal. lacerated Rectum</u> DUE TO (c) <u>neuro. sarcoma of rectum</u>					
*This does not mean the mode of dying, such as heart failure, aethisia, etc. It means the disease, injury, or complication with which caused death.		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition, Delayed death</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X-048-14</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 20 Oct 1954 to 25 Oct 1954 that I last saw the deceased alive on 24 Oct 1954, 1954, and that death occurred at 5:45 A.M. from the causes and on the date stated above.

23a. DATE SIGNED <u>25 Oct 54</u>		23b. ADDRESS <u>310 W. 2nd</u>		23c. SIGNATURE <u>Rx. Ky. John B Floyd Jr.</u> (Degree or title)	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>October 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bath County Kentucky</u>	
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25a. DATE REC'D BY REGISTRY <u>10/25/54</u>		25b. REGISTRAR'S SIGNATURE <u>H. A. Furlong</u>		25c. MARKS <u>Should be signed</u>		25d. FUNERAL HOME OR ADDRESS <u>Thurman, Kentucky</u>	
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