

Registration District No. 120

Primary Registration District No. 28225591

1. PLACE OF DEATH a. COUNTY <u>Greenup</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Greenup</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Evinsland</u>		c. CITY OR TOWN <u>Raceland</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		IS RESIDENCE IN A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Claude</u> c. (Last) <u>Cox</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>21</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (If married, give date)	8. DATE OF BIRTH <u>6/7/1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>67</u>
<u>Carpenter</u>		<u>Rail Road</u>	11. MONTHS <u>10</u> DAYS <u>14</u>
12. FATHER'S NAME <u>Andy Cox 34</u>		14. MOTHER'S MAIDEN NAME <u>Francis Donahue</u>	
15. WAS DECEASED (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
<u>no</u>		<u>4201-081-16</u>	
EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT <u>Harold Cox</u>	
<u>no</u>			

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
	DUO TO (b) _____					
	DUO TO (c) _____					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201-081-16</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.

23a. DATE SIGNED <u>4/23/56</u>	23b. ADDRESS <u>Raceland Ky</u>	23c. SIGNATURE <u>Milton Evans (Del Coroner)</u>
24b. DATE <u>4-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salt Lick Ky</u>
25a. DATE REC'D BY <u>4/25/1956</u>	25b. REGISTRAR'S SIGNATURE <u>James E. May</u>	26. SUPPLEMENTAL ADDRESS <u>Gay St. E. corner of Raceland, Ky</u>