

FORM V. S. 1-A
 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

FILE NO. 116 **53** **736**
 REGISTRAR'S NO. **13**

Registration District No. **730** X Primary Registration District No. **2265**

1. PLACE OF DEATH
 a. COUNTY **HOPKINS**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MADISONVILLE**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) **702 SO MAIN**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **KENTUCKY** b. COUNTY **HOPKINS**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MADISONVILLE** **2**
 d. STREET ADDRESS (If rural, give location) **702 SO MAIN**

3. NAME OF DECEASED (Type or Print)
 a. (First) **VIRGINIA** b. (Middle) **GOODLOE** c. (Last) **MOORE**
 4. DATE OF DEATH (Month) (Day) (Year) **JAN 15, 1953**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JULY 18, 1856** 9. AGE (In years last birthday) **96** If Under 1 Year: Months **5** Days **28** If Under 24 Hrs: Hours Min.

a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RET. HOUSEKEEPER** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (State or foreign country) **HOPKINS COUNTY** 12. CITIZEN OF WHAT COUNTRY? **USA**

FATHER'S NAME **J.E. GOODLOE** 14. MOTHER'S MAIDEN NAME **ELIZABETH EDMONSON** 17. INFORMANT **Mrs John Courington**

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) **88** 16. SOCIAL SECURITY NO. **88** 17. INTERVAL BETWEEN ONSET AND DEATH

8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Virus pneumonia**
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, atheria, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **-**
 DUE TO (c) **-**

11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **age**
 19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION **492X-091-19** 20. AUTOPSY? YES NO

1a. 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)
 1d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21a. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21i. HOW DID INJURY OCCUR?

2. I hereby certify that I attended the deceased from **Jan 3**, 1953, to **Jan 15**, 1953, that I last saw the deceased alive on **Jan 15/53**, and that death occurred at **6:45** m., from the causes and on the date stated above. (Degree or title)

3a. DATE SIGNED **1/20/53** 3b. ADDRESS **Madisonville** 23c. SIGNATURE **[Signature]**

4a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan 18, 1953** 24c. NAME OF CEMETERY OR CREMATORY **GRAPEVINE** 24d. LOCATION (City, town, or county) (State) **Madisonville, Ky**

15a. DATE REC'D BY LOCAL REG. **1-20-53** 25b. REGISTRAR'S SIGNATURE **Cather J. Abbey Barnett Funeral Home** 26. FUNERAL DIRECTOR