

Form No. 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

 State File No. \_\_\_\_\_  
 Registrar's No. 651

 Registrar's District No. 350 X Registrar's Registration District No. 2115

 1. PLACE OF DEATH  
 a. COUNTY Christian  
 b. CITY Hopkinsville  
 c. FULL NAME OF HOSPITAL OR INSTITUTION 119 1/2 E. 6th St.  
 2. USUAL RESIDENCE (Where deceased resided immediately before admission)  
 a. STATE Kentucky  
 b. COUNTY Christian  
 c. CITY OR TOWN Hopkinsville  
 d. STREET ADDRESS 119 1/2 E. 6th St.

 3. NAME OF DECEASED (Type or Print)  
 a. (First) Irvin  
 b. (Middle) B  
 c. (Last) Grame  
 4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 22 49

 5. SEX Male  
 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced  
 8. DATE OF BIRTH (Month) (Day) (Year)  
Oct 12, 1901  
 9. AGE In years: (Under 1 Year) (Under 24 Hrs. last birthday) (Months) (Days) (Hours) (Min.)  
48

 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if not in business)  
Chief Salesman  
 10b. KIND OF BUSINESS OR INDUSTRY  
5  
 11. BIRTHPLACE (State or foreign country)  
Tennessee  
 12. CITIZEN OF WHAT COUNTRY  
U.S.A.

 13. FATHER'S NAME Samuel O. Grame  
 14. MOTHER'S MAIDEN NAME Miller

 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give branch and dates of service)  
yes  
 16. SOCIAL SECURITY NO. 2405-12-4385  
 17. INFORMANT (Name)  
E. B. Grame

 18. CAUSE OF DEATH (Enter only the cause per line for (a), (b), and (c).)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
Acute Myocardial Infarction  
 MEDICAL CERTIFICATION  
 INTERVAL BETWEEN ONSET AND DEATH

 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asphyxia, 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): \_\_\_\_\_  
 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  
4202 - 9410  
 20. AUTOPSY?  
 YES  NO 

 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
 21b. PLACE OF INJURY (Home, farm, factory, street, etc.)  
 21c. (CITY, TOWN, OR TOWNSHIP)  
 21d. (COUNTY)  
 21e. (STATE)

 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
 21e. INJURY OCCURRED WHILE AT WORK OR AT HOME  
 21f. HOW DID INJURY OCCUR?

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

 23a. DATE SIGNED 11-22-49  
 23b. ADDRESS Kembroke, Ky.  
 23c. SIGNATURE E. B. Grame (Degree or title)  
Coroner C. E.

 24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial  
 24b. DATE Oct. 24, 1949  
 24c. NAME OF CEMETERY OR CREMATORY Fowles  
 24d. LOCATION (City, town, or county) (State)  
Hopkinsville, Christian Ky.

 25a. DATE REC'D BY LOCAL REG. 11-23-49  
 25b. REGISTRAR'S SIGNATURE Hammie L. Myers  
 25c. FEDERAL DIRECTOR'S SIGNATURE Wood Augustus King  
 25d. ADDRESS Hopkinsville, Ky.

01/10 2-9-49 6450 2-24-49