

Registration District No. 920 Primary Registration District No. 2350

1. PLACE OF DEATH a. COUNTY Logan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky. b. COUNTY Logan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 522 W. 3rd. St.		d. STREET ADDRESS 522 W. 3rd. St.	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Nolen		4. DATE OF DEATH (Month) (Day) (Year) March 5 1961	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 76
11. BIRTHPLACE (State or foreign country) Huntington, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Westly Nolen		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sarah Nolen--Wife	
18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular hemorrhage</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/> <input type="checkbox"/>	
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>3/4/61</u> to <u>3/5/61</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>3/4/61</u> , 19 <u>61</u> , and that death occurred at <u>m.</u> from the causes and on the date stated above.			
23a. DATE SIGNED <u>3/9/61</u>	23b. ADDRESS <u>Russellville</u>	23c. SIGNATURE <i>[Signature]</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 7, 1961	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Oak Grove Ky.
25a. DATE REC'D BY LOCAL REG. <u>3-21-61</u>	25b. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <u>Russellville</u>	