

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13655  
Issue File No. 283  
Registrar's No. 283

Registration District No. 1021 Primary Registration District No. 2046

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Boyd</u>	(a) State <u>Ky.</u>	(b) County <u>Carter</u>	
(b) City or town <u>Ashland</u>	(c) City or town <u>Rush</u>	(c) City or town <u>Rural</u>	
(If outside city or town limits, write RURAL)		(If outside city or town limits, write RURAL)	
(c) Name of hospital or institution: <u>Kings Daughters Hospital</u>		(d) Street No. <u>RFD #1</u>	
(If not in hospital or institution write street number or location)		(If rural give precinct)	
(d) Length of stay: In hospital or community <u>3 Months</u>		(e) If foreign born, how long in U. S. A. <u>022</u> year	
(years, months or days)			

3(a) FULL NAME <u>Miss Dollie Willison</u>	
3(b) If veteran Name war <u>None</u>	3(c) Social Security No. <u></u>
4. Sex <u>Female</u>	5. Color or race <u>White</u>
6(a) Single, widowed, married, divorced <u>Single</u>	
6(b) Name of husband or wife <u></u>	
6(c) Age of husband or wife if alive <u></u> Years	
7. Birth date of deceased <u>Aug 5 1918</u>	
(Month) (Day) (Year)	
8. AGE: Years <u>29</u>	Months <u>10</u> Days <u>29</u>
If less than one day min.	
9. Birthplace <u>Rowan Co. Ky.</u>	
10. Usual occupation <u>At Home</u>	
11. Industry or business <u></u>	
FATHER	12. Name <u>William Willison</u>
	13. Birthplace <u>Harrison Co. Ohio.</u>
MOTHER	14. Maiden name <u>Maggie Adams</u>
	15. Birthplace <u>Magoffin Co. Ky.</u>
16(a) Informant's own signature <u>William Willison</u>	
(b) Address <u>R #1 Rush Ky</u>	
17. BURIAL, CREMATION, OR REMOVAL	
Place <u>Jones Cem</u> Date <u>7-7-</u> 19 <u>48</u>	
18(a) Signature of funeral director <u>Lazear Funeral Home</u>	
(b) Address <u>Ashland Ky. By O. Lazear</u>	
19(a) <u>7-28-48</u> (Date received by local registrar) (b) <u>Mrs. O. Lazear</u> (Registrar's signature)	

MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>July 4 1948</u>	
21. I hereby certify that I attended the deceased from <u>Apr 6</u> 19 <u>48</u>	
to <u>July 4</u> 19 <u>48</u> that I last saw him alive on <u>Apr 15</u> 19 <u>48</u> and that death occurred on the date stated above at <u>3:30 P.M.</u> M.	
Immediate cause of death	DURATION
<u>Pulmonary tuberculosis 6 mos</u>	
Due to <u></u>	
Other conditions <u></u> (Include pregnancy within 3 months of death)	
Major findings: <u>13B</u>	
Of operations <u></u>	
Of autopsy <u></u>	
22. If death was due to external causes, fill in the following:	
(a) Accident, suicide, or homicide (specify) <u></u>	
(b) Date of occurrence <u></u>	
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? <u></u> (Specify type of place)	
While at work? <u></u>	(e) Means of injury <u></u>
23. Signature <u>J. E. Hall</u>	(M. or other) <u></u>
Address <u>Ashland Ky</u> Date signed <u>7-28-48</u>	