

1. PLACE OF DEATH

County

Bath

Vot. Prec.

Salt Lick, Ky

Registration District No.

52

Inc. Town

Primary Registration District No. 4051

City

(No.)

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Wayne Arthur McCarty

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

9. DATE OF BIRTH

Feb-17-1945

7. AGE

Years

Months

Days

If LESS than 1 day

hrs. or min.

11

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as engineer, carpenter, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE

Kentucky

13. NAME

Arthur McCarty

14. BIRTHPLACE

Kentucky

15. MARRIAGE NAME

Doris May Townsend

16. BIRTHPLACE

Kentucky

17. INFORMANT

Arthur McCarty

(Address)

Salt Lick, Ky

18. BURIAL, CREMATION OR REMOVAL

Place

Date

Feb-12-1946

19. UNDERTAKER

Walter J. Harrison

(Address)

Salt Lick, Ky

20. FILED

Feb 20 1946

Richard Mosher

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb-11-1946

22. I HEREBY CERTIFY, That I attended deceased from

Feb-7-1946 to Feb-11-1946

I last saw deceased on Feb-7-1946 death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-pneumonia

Date of onset

Contributory causes of importance not related to principal cause:

Emphysema

33A

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? Yes If so, specify _____(Signed H. S. Gulmore, M. D.)(Address) Dwainsville, Ky

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. See instructions on back of certificate.