

Register's Number No. **00** Primary Registration District No. **7081**

1. PLACE OF DEATH:  
 (a) County **BATON**  
 (b) City or town **SAULT-LICK KY**  
 (c) Name of hospital or institution \_\_\_\_\_  
 (d) Length of stay in hospital or community (years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **KY** (b) County **BATON**  
 (c) City or town **SAULT-LICK KY**  
 (d) Street No. \_\_\_\_\_ (e) Rural give precinct \_\_\_\_\_  
 (f) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME **GORDON-CLIFFORD-ANGEL**

4(a) If widow, Name and No. \_\_\_\_\_  
 4(b) Social Security No. \_\_\_\_\_  
 4(c) Date of death **Dec 23 1945**  
 4(d) Name of husband or wife \_\_\_\_\_  
 4(e) Age of husband or wife if alive \_\_\_\_\_ years  
 4(f) Date of death of deceased (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
 4(g) Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 4(h) Sex **M**  
 4(i) Race **W**  
 4(j) Usual occupation \_\_\_\_\_  
 4(k) Industry or business \_\_\_\_\_

5. MEDICAL CERTIFICATION  
 5(a) DATE OF DEATH **Dec 23 1945**  
 5(b) I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and that death occurred on the date stated above of \_\_\_\_\_  
 Immediate cause of death **Chilled - to death**  
 Duration: \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (attach progress within 3 months of death) \_\_\_\_\_  
 Major findings: **190**  
 Of conditions \_\_\_\_\_  
 Of causes \_\_\_\_\_

6. MARITAL HISTORY  
 6(a) Name **GORDON-ANGEL**  
 6(b) Surname **KY**  
 6(c) Maiden name **FRANCIS SANDERS**  
 6(d) Surname **KY**  
 6(e) Informant's full signature **Clifford Angel**  
 6(f) Address **Sault Lick KY**  
 6(g) BIRTH, CREATION, OR REMOVAL FROM **Town of Co. on Dec 22 1915**  
 6(h) Signature of legal guardian **Homer & Harriette**  
 6(i) Address **Sault Lick KY**  
 6(j) Date signed **Dec 24 1945**  
 6(k) Signature **W. H. C. White**  
 6(l) Address **Sault Lick KY**  
 6(m) Date signed **Dec 24**

7. If death was due to external causes, it is the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place or public place? \_\_\_\_\_  
 (d) Describe type of event \_\_\_\_\_  
 (e) Cause of death? \_\_\_\_\_  
 (f) Manner of injury \_\_\_\_\_

MARKER RESERVED FOR RECORDING  
 U. S. - WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Errors in statement of OCCUPATION in very important.