

Dr. Byers

Form 7-5-54

FEDERAL BUREAU OF INVESTIGATION
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health -
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

51 19537

FILE NO. 116

REGISTRAR'S NO. 966

Registration District No. 500X Primary Registration District No. 2165

| | | | |
|---|------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Fayette | | 2. USUAL RESIDENCE (Where deceased lived, if different residence before admission) a. STATE Kentucky b. COUNTY Bath | |
| 3. CITY (If outside corporate limits, write RURAL and give address) OR TOWN Lexington | | 4. CITY (If outside corporate limits, write RURAL and give address) OR TOWN Salt Lick | |
| 4. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan | | 4. STREET ADDRESS R/R | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ervin b. (Middle) - c. (Last) McClain | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 9th. 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH About - 45 |
| 9. USUAL OCCUPATION (This kind of work done during most of previous year, even if seasonal) Farmer | | 10. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (Name of foreign country) Salt Lick - Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13. CITIZEN OF WHAT COUNTRY? U.S. | |
| 14. FATHER'S NAME John McClain | | 15. MOTHER'S MAIDEN NAME Ida Goldie | |
| 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (This box is addressed to the father or mother of deceased) | | 17. SOCIAL SECURITY NO. | |
| 18. CAUSE OF DEATH (This box is addressed to the physician) | | 19. MEDICAL CERTIFICATION | |
| 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? Meninge. | | INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE 7 days | |
| 20. ANTECEDENT CAUSES | | 21. OTHER SIGNIFICANT CONDITIONS | |
| *This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death. | | 22. MAJOR FINDINGS OF OPERATION | |
| 23. ACCIDENT (Suicide, Homicide) | | 24. PLACE OF INJURY (If in a shop, store, factory, street, etc.) | |
| 25. TIME OF INJURY | | 26. INJURY OCCURRED WHILE AT WORK AT WORK | |
| 27. I hereby certify that I attended the deceased from 9/18 1951 to 10/9 1951 and that death occurred at 10/9 1951 and that death occurred at Salt Lick, Ky. from the cause and on the date stated above. | | 28. SIGNATURE (Type or Print) W. S. Byers, M.D. | |
| 29. DATE SIGNED 10/19/51 | | 30. ADDRESS Lexington, Ky. | |
| 31. BURIAL, CREMATION, REMOVAL, ETC. Burial | | 32. NAME OF CEMETERY OR CEMETARY Jones Cemetery | |
| 33. DATE 10/21/51 | | 34. LOCATION (City, town, or county) Salt Lick - Ky. | |
| 35. DATE REC'D BY 10/22/51 | | 36. REGISTRAR'S SIGNATURE H. G. Anderson | |
| | | 37. COUNTY DIRECTOR HORNBUND & Powell - Salt Lick, Ky. | |