

Registration District No. **50** Primary Registration District No. **4081**

1. PLACE OF DEATH a. COUNTY BATH			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE KY b. COUNTY BATH		
b. CITY (if outside corporate limits, write RURAL and give township) SALT-LICK KY		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SALT-LICK KY		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS OF	d. STREET ADDRESS		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) JOE GOLDIE			b. (MIDDLE)	a. (LAST)	4. DATE OF DEATH (Month) (Day) (Year) JULY 21 - 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 21 - 1874	9. AGE (in years last birthday) 82	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY OO	11. BIRTHPLACE (State or foreign country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME JOE GOLDIE			14. MOTHER'S MAIDEN NAME LIN BROWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give way or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT CLAUDE GOLDIE		

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4501					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21e. CITY, TOWN, OR LOCATION	COUNTY		STATE	

22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ that I last saw the deceased alive on **July 22**, 1960, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. DATE SIGNED July 22	23b. ADDRESS Swingsville Ky.	23c. SIGNATURE <i>Charles R. Hines, Registrar</i>	(Degree or title)
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE JULY 23 - 1960	24c. NAME OF CEMETERY OR CREMATORY JONES CEM	24d. LOCATION (City, town, or county) (State) SALT-LICK, BATH, KY
25a. DATE REC'D BY LOCAL REG. 7-23-60	25b. REGISTRAR'S SIGNATURE <i>Gene R. Brantley</i>	25c. FUNERAL DIRECTOR <i>Howell</i>	ADDRESS Swingsville Ky

MEDICAL CERTIFICATION