

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

Registrative District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>SALT-LEICHT, Ky.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALT-LEICHT, Ky.</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (if not in hospital or institution, give street address or location) INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED a. (First) <u>DESSIE WILLIAMS</u> (Type or Print)			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 1959</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 21 1862</u>	9. AGE (In years last birthday) <u>97</u>	If Under 1 Year Months <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>FRANK GROSS</u>			14. MOTHER'S MAIDEN NAME <u>SARAH SCOTT</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>SAM WILLIAMS</u>		
18. CAUSE OF DEATH Enter only one cause and use line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchopneumonia</u>	DUPLICATE OF (b) <u>Cardiac valve Heart Disease</u>				<u>4 days</u>
ANTECEDENT CAUSES	DUPLICATE OF (c) <u>years</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication to which death caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4...</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-6</u> , 1959, to <u>2-10</u> , 1959 that I last saw the deceased alive on <u>2-6</u> , 1959, and that death occurred at <u>8:00 A.M.</u> from the causes and on the date stated above.					
23a. DATE SIGNED	23b. ADDRESS <u>Quinn'sville, Ky.</u>	23c. SIGNATURE <u>Edwin R Davis</u> (Degree or Title) <u>M.D.</u>			
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>FEB-12-1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WILKES CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-LEICHT, BATH, KY</u>		
25a. DATE REC'D BY <u>2-20 1959</u>	25b. REGISTRAR'S SIGNATURE <u>Debra K. Brooks</u>	25c. FUNERAL DIRECTOR <u>Orville J. Gou</u>	ADDRESS <u>Bath, Ky</u>		