

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH.</u>		2. USUAL RESIDENCE (Where deceased lived immediately preceding residence before death) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SALT-ICK</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SALT-ICK</u>	d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED a. (First) <u>LIZIA B. WAGGS</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 10 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
9a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)	9b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	11. CITIZENSHIP (What country?) <u>USA.</u>
12. FATHER'S NAME <u>BADIN BRADY</u>		13. MOTHER'S MAIDEN NAME <u>CHARLES CHILDERS</u>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	15. SOCIAL SECURITY NO.	16. INFORMANT <u>Charles Brady</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH	
b. ANTECEDENT CAUSES		DUE TO (b)	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
c. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>000X-130</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <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>Aug. 10 1949</u> to <u>Sept. 10, 1949</u> that I last saw the deceased alive on <u>Sept. 9, 1949</u> and that death occurred at <u>27</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>9/17/49</u>	23b. ADDRESS <u>Quinn Grille</u>	23c. SIGNATURE (Degree or title) <u>Clavin A. Ryan, M.D.</u>	
24a. FUNERAL/CREMATATION, REMOVAL (Specify) <u>Funeral</u>	24b. DATE <u>SEP 12 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Salt Lake City KY</u>
25a. DATE REC'D BY LOCAL REG. <u>9-19-49</u>	25b. REGISTRAR'S SIGNATURE <u>Mrs. Pearl Brooks</u>	25c. REGISTRAR'S OFFICE (Address) <u>James S. Brown Salt Lake</u>	