

Registration District No. 00 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE (When deceased lived at least 10 days in this county) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (If outside corporate limits, write NEAR, and give nearest town) <u>SALT-LICK</u>		c. LENGTH OF STAY (If less than 1 year)	
d. FULL NAME OF (1) not to be hospital or institution, give street address or hospital or institution		e. STREET ADDRESS (If road, give location)	
3. NAME OF DECEASED a. (Given) <u>OLIVER-BEARNS</u> b. (Maiden) <u>(ADAMS) ADAMS</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 9, 1874</u>
9. USUAL OCCUPATION (If kind of work done during week ending 7th day of month)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
12. FATHER'S NAME <u>NATHAN-ADAMS Adams</u>		13. MOTHER'S MAIDEN NAME <u>MARY CASKY</u>	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		15. SOCIAL SECURITY NO.	17. INFORMANT <u>Delbert Adams</u>
18. CAUSE OF DEATH (State only one cause per line for 1a, 1b, and 1c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION SUSPECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTICIPED CAUSE		DUE TO (b) _____	
*This does not mean the mode of death, such as heart failure, stroke, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
2. 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>4200-935</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other public place)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>10:42 to 4:30 P.M.</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 7, 1949</u> , and that death occurred at _____, from the causes and on the date stated above.			
23a. DATE SIGNED <u>6/2/49</u>	23b. ADDRESS <u>Brownsville, Ky.</u>	23c. SIGNATURE (Signature or title) <u>Robin A. [Signature]</u>	
24. BURIAL, CREMATION, REMOVAL (Specify)	25. DATE <u>May 10, 49</u>	26. NAME OF CEMETERY OR CREMATORY <u>Stone Cem.</u>	27. LOCATION (City, town, or county) (State) <u>SALT-lick KY</u>
28. DATE RECD. BY <u>6-7-49</u>	29. REGISTRAR'S SIGNATURE <u>Mrs. Pearl [Signature]</u>	30. REGISTRAR'S TITLE <u>Registrar</u>	