

Registration Number 50

Previous Registration Number

1. PLACE OF DEATH a. COUNTY BATH		2. USUAL RESIDENCE (Where Deceased Lives) b. STATE KY c. COUNTY BATH	
b. CITY OR TOWNSHIP WITH STREET ADDRESS SALT LICK		d. LENGTH OF STAY (in days) 1	
c. FULL NAME OF PERSON IN HOSPITAL OR INSTITUTION Hospital of Bath		e. CITY OR TOWNSHIP WITH STREET AND CITY NUMBER 05 SALT-LICK	
f. STREET ADDRESS		g. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First and Middle) ANNA ELIZA DAY		4. DATE OF DEATH (Month) May (Year) 1986 (Exact Date) 201950	
5. SEX Female COLOR OR RACE WHITE		6. (Marital Status) Widowed	
7. USUAL OCCUPATION (If employed) Housewife		8. KIND OF BUSINESS OR INDUSTRY	
9. FATHER'S NAME SCOTT UTTERBACK		10. MOTHER'S MAIDEN NAME ANNA CARPENTER	
11. WAS DECEASED EVER IN U. S. ARMED FORCES (Type of Service) No		12. SOCIAL SECURITY NO.	
13. INFORMANT			
14. CAUSE OF DEATH Give full name from the Date of Death, see 15. Advanced Arteriosclerosis		MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH CARDIAC FAILURE	
15. PRECEDENT CAUSE <small>*This does not mean the cause of death, but the cause of dying, such as heart failure, asthma, etc. It makes the disease, injury, or circumstances, etc., known as the cause of death.</small>		16. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not responsible for the disease or condition causing death.</small>	
17. DATE OF OPERA- TION		18. MAJOR FINDINGS OF OPERATION	
19. ACCIDENT SUICIDE HOMICIDE		20. PLACE OF INJURY <small>Date, Time, Location, Name, Name, Name</small>	
21. TIME OF INJURY		22. INJURY OCCURRED <small>WHILE AT WORK</small>	
23. I hereby certify that I attended the deceased from 9/1/1986 to 9/3/1986 , 11:00 AM , that I last saw the deceased alive on 9/2/1986 , 1986, and that death occurred on 9/3/1986 , from the causes and on the day stated above.		24. HOW DID TRAVEL OCCUR?	
25. DATE DEATH OCCURRED		26. SIGNATURE John C. Bryant	
27. FUNERAL CEREM- ONY REMOVED FROM Bath		28. DATE Aug 22, 1986	
29. DATE DEATH AT LOCAL MORT.		30. NAME OF CEMETERY Jones Cemetery	
31. AUTOPSY EXAMINER'S SIGNATURE John C. Bryant		32. FUNERAL DIRECTOR Earl Brother Anderson	
33. LOCAL MORT.		34. LOCATION (City, State, Zip Code) SALT LICK KY	