

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SALT-lick KY</u>		c. CITY OR TOWN <u>SALT-lick KY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>ALFRED-GOLDIE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28-1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-29-1874</u>	9. AGE (In years last birthday) <u>76</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>JACKSON-GOLDIE</u>	14. MOTHER'S MAIDEN NAME <u>MARY-MALTON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>CHASER GOLDIE</u>
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18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> DUE TO (b) <u>Acute Coronary Insufficiency</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4-2-51</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
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22. I hereby certify that I attended the deceased from 4-, 1961, to June, 1961, that I last saw the deceased alive on June 28, 1961, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. DATE SIGNER <u>6/28/61</u>	23b. ADDRESS <u>Dunsmuirville, Ky</u>	23c. SIGNATURE <u>Edwin R Davis</u>	(Degree or title) <u>M.D.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE-30-1961</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-lick BATH KY</u>
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25a. DATE RECD BY <u>6/28/61</u>	25b. REGISTRAR'S SIGNATURE <u>Lena R. Brooks</u>	25c. FUNERAL DIRECTOR <u>Orville L. Gen</u>	ADDRESS <u>SALT-lick KY</u>
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