

Registration District No. 50

Primary Registration District No. 4081

## 1. PLACE OF DEATH

a. COUNTY

BATH Co.

b. CITY

OR TOWN

(SALT-LICK, Ky.)

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

## 2. USUAL RESIDENCE

a. STATE

KY

b. COUNTY

BATH

c. CITY OR TOWN

SALT-LICK, Ky.

d. STREET ADDRESS

(Where deceased lived. If institutions residence before admission)

15 RESIDENCE ON A FARM?

YES  NO 

16 RESIDENCE INSIDE CITY LIMITS?

YES  NO 

## 3. NAME OF DECEASED

(Type or Print)

a. (First)

b. (Middle)

c. (Last)

J. RUIN-McCARTY

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

APRIL-30-1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APR-16-1904

9. AGE (In years last birthday)

57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (State or foreign country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSH-McCARTY

14. MOTHER'S MAIDEN NAME

ELLEN-CORNETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, in what service)

NO

16. SOCIAL SECURITY NO.

CARRIE-McCARTY

17. INFORMANT

CARRIE-McCARTY

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

4201

DU TO (b)

DU TO (c)

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

## MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

9-11-62 - 4-30-62

20. ACCIDENT

SUICIDE

HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED (State 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. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21e. CITY, TOWN, OR LOCATION

COUNTY

STATE

19. WAS AUTOPSY PERFORMED? YES  NO 

22. I hereby certify that I attended the deceased from 9-11, 1962, to 4-16, 1962, that I last saw the deceased alive on 4-16, 1962, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. DATE SIGNED

4-23-62

23b. ADDRESS

Mt. Sterling, Ky.

23c. SIGNATURE

(Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

APRIL-23-1962

24c. NAME OF CEMETERY OR CREMATORY

JONES CEM.

24d. LOCATION (City, town, or county) (State)

SALT-LICK, BATH, KY

25a. DATE REC'D BY LOCAL REG.

4/23/1962

25b. REGISTRAR'S SIGNATURE

Gene P. Brooks

25c. FUNERAL DIRECTOR

Buell &amp; SON

ADDRESS

SALT-LICK, KY