

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY BATH		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE KY b. COUNTY BATH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SALT-lick	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN SALT-lick	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FLOYD	(If not in hospital or institution, give street address or location)	d. STREET ADDRESS	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD b. (Middle) WAGES c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN-1-1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 24 1896	9. AGE (In years Months Days) 59 7	10. If Under 1 Year If Under 24 Hrs. 9 7
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY II	11. BIRTHPLACE (State or foreign territory) KENTUCKY	12. CITIZEN OF U.S.A.
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13. FATHER'S NAME HARRISON WAGES	14. MOTHER'S MAIDEN NAME BERNILLA PRATRICK
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15. WAS DECEASED (Yes, no, or unknown) EVER IN U. S. ARMED FORCES (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ROBERT WAGES
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18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia (suspected) acidosis Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7886-137-29		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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21b. TIME OF INJURY Hour Month, Day, Year	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.)	21e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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22. I hereby certify that I attended the deceased from **12/24, 1955** to **12-27, 1955**. That I last saw the deceased alive on **12-28, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

22a. DATE SIGNED 1-5-56	22b. ADDRESS Trouhard, Ky	22c. SIGNATURE L. Reynolds M.D. (Physician or State)
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23a. BURIAL, CREMATION, RECOVERY (Specify) BURIAL	23b. DATE JAN 3-1956	23c. NAME OF CEMETERY OR CREMATORY JONES CEM	23d. LOCATION (City, town, or county) (State) SALT-lick BATH KY
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24a. DATE SIGNED BY 1-3-1956	24b. REGISTRAR'S SIGNATURE Helen L. Brooks	25. FUNERAL DIRECTOR Trust & Son, Salt Lick KY
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MEDICAL CERTIFICATION