

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. CITY NY b. COUNTY BATH	
b. CITY (if outside corporate limits, write RURAL and give township) SALT-LICK, Ky.		c. LENGTH OF STAY (in this place) NY	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(if not in hospital or institution, give street address or location)		f. RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) WILLIAM H. STATION			4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 1961		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH APRIL 3 1917	9. AGE (in years last birthday) 44	10. Under 1 Year	11. Under 24 Mos.	12. Under 48 Hrs.
10a. USUAL OCCUPATION (give kind of work during most of working life, even if retired) TABACER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? USA	Weeks	Days	Hours	Min.

3. FATHER'S NAME SALOMON STATION		14. MOTHER'S MAIDEN NAME NANCY WARES	
15. WAS DECEASED (Year, no. or unknown)	16. EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)	18. SOCIAL SECURITY NO.	17. INFORMANT WILLY STATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Pulmonary Edema		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which give rise to above cause (a) stating the cause last.		DUE TO (b) Bronchopneumonia		DUE TO (c) Arterio-sclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		H 2 C		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.)
21b. TIME OF INJURY (Hour, Month, Day, Year) a. m. b. m.	21c. CITY, TOWN, OR LOCATION
21c. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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	CITY
21f. STATE	STATE

22. I hereby certify that I attended the deceased from **Aug 1960** to **April 30, 1961**, that I last saw the deceased alive on **April 30, 1961**, and that death occurred at **NY**, from the causes and on the date stated above.

23a. DATE SIGNED 5-1-61	23b. ADDRESS Orangeville Ky	23c. SIGNATURE Edwin Roberts MD	(Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY 3 1961	24c. NAME OF CEMETERY OR CREMATORY WORTH'S CEM	24d. LOCATION (City, town, or county) (State) SALT-lick, BATH Ky
25a. DATE RECD BY LOCAL REG. 5/3/1961	25b. REGISTRAR'S SIGNATURE Lena B. Brooks	26. FUNERAL DIRECTOR Howell & Son	ADDRESS Salt Lick Ky

MEDICAL CERTIFICATION