

Registration District No. 90

Primary Registration District No. 2040

1. PLACE OF DEATH a. COUNTY Bourbon		2. USUAL RESIDENCE a. STATE Kentucky		b. COUNTY Nicholas	
b. CITY (If outside corporate limits, write RURAL and give township) Paris		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Carlisle	
3. FULL NAME OF HOSPITAL OR INSTITUTION Bourbon County Hospital		d. STREET ADDRESS Rte. # 2		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) MARY		b. (Middle) ELIZABETH		c. (Last) MCCARTY	
4. DATE OF DEATH (Month) (Day) (Year) 7 / 22 / 63		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4/6/1890		9. AGE (in years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Bath County Kentucky	
12. CITIZEN OF USA COUNTRY? USA		13. FATHER'S NAME William Rice		14. MOTHER'S MAIDEN NAME Tissa McGlothlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Otis McCarty	

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Arteriovascular accident, Rt.</u> 331X Conditions (if any, which give rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> 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 (GYB) BY PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED! (State nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour _____ M. _____ P. _____					
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	

22. I hereby certify that I attended the deceased from 1960 to 7-22, 1963 that I last saw the deceased alive on 7-22, 1963, and that death occurred at 5:40A m. from the causes and on the date stated above.

22a. DATE SIGNED 7/22/63	22b. ADDRESS Paris, Ky.	22c. SIGNATURE <i>Wm. Morgan</i> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/24/63	23c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	23d. LOCATION (City, town, or county) (State) Bath County Kentucky
24a. DATE REC'D BY LOCAL REG. 8/1/63	24b. REGISTRAR'S SIGNATURE <i>Karlud Johnson</i>	24c. FUNERAL DIRECTOR ADDRESS Mathers - Shearer Carlisle, Ky.	

MEDICAL CERTIFICATION