

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Main File No. _____
Register No. 50

Form V. A. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 50 Primary Registration District No. 2027

MARGIN RESERVED FOR BINDING.

N. B.—WRITE PLAINLY WITH INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County Booth
(b) City or town Rural
(c) Name of hospital or institution
(If outside city or town limits, write RURAL)
(d) Length of stay in hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Booth
(c) City or town Rural
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME John Will Saldy
(b) If veteran, _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

4. Sex Male 5. Color of hair White 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Minnie Alice Saldy
6(c) Age of husband or wife if alive _____ years

20. DATE OF DEATH March - 31 1941
21. I hereby certify that I attended the deceased from Feb. 28 1941 to March 31 1941 that I last saw alive on March 31 1941 and that death occurred on the date stated above at 8:15 P.M.
Immediate cause of death _____

8. AGE: Years 62 Months 1 Days 10 If less than one day _____
9. Birthplace Kentucky
10. Usual occupation Laborer
11. Industry or business _____

Immediate cause of death Carcinoma of Liver
Due to H/T
Other conditions (include pregnancy within 3 months of death) _____
Major findings _____
Of operations _____
Of autopsy _____

FATHER
12. Name Jack Saldy
13. Birthplace Virginia
MOTHER
14. Maiden name Mary Walton
15. Birthplace Kentucky
16(a) Informant's name and signature Mrs. Minnie Saldy
16(b) Address Salt Lick, Ky

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place or public place? _____
(Specify type of place) _____
Write of next: _____ (a) Means of injury _____
Signature H. S. Kilmer M.D. (M. D. or other)
Address Opitzgsvalk Ky. Date signed Apr. 1-1941

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cem Date April 2 1941
18(a) Signature of funeral director Barnes & Harsena
(b) Address Salt Lick, Ky
19(a) April 5 1941 (b) Mrs. M. S. Bradley (Date received by local registrar) (Registrar's signature)