Form V. S. No. 4
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 116 51 25331
Registrar's No. 73

Registration District No. 1310 Primary Registration District No. 2141

1. PLACE OF DEATH a. COUNTY: Rowan	2. USUAL RESIDENCE a. STATE: KY b. COUNTY: Rowan
b. CITY OR TOWN: Farmers c. LENGTH OF STAY (in this place)	c. CITY OR TOWN: Farmers
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS
3. NAME OF DECEASED (Type or Print) a. (First) Henrietta b. (Middle) c. (Last) Maze	4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1951
5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Sept-10-1867 9. AGE (In years last birthday): 84 (Months) 1 (Days) 25
10a. USUAL OCCUPATION: Housewife 10b. KIND OF BUSINESS OR INDUSTRY: [illegible]	11. BIRTHPLACE (State or foreign country): Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Myers	14. MOTHER'S MAIDEN NAME: Elizabeth Ellington
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT: Price Hall

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ______, 19__, to ______, 19__, that I last saw the deceased alive on Dec 2 1951 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. DATE SIGNED: 12-12-51	23b. ADDRESS: Morehead	23c. SIGNATURE: [illegible] Health Officer (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Dec 4	24c. NAME OF CEMETERY OR CREMATORY: James Cem. 24d. LOCATION (City, town, or county) (State): Salt Lick, KY
25. DATE REC'D BY LOCAL REG.: 12-12-51	26. REGISTRAR'S SIGNATURE: [illegible]	27. FUNERAL DIRECTOR ADDRESS: [illegible] - Salt Lick, KY