

Registration District No. 500

Primary Registration District No. 2165

1. PLACE OF DEATH a. COUNTY <u>Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington 10th</u>		c. CITY OR TOWN <u>Mt. Sterling</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Central Baptist Hospital</u>		d. STREET ADDRESS <u>E. High St.</u>	
3. NAME OF DECEASED (Type or Print) <u>EWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-58</u>	
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>1-24-1901</u>	
10a. USUAL OCCUPATION (Give kind of work, if not most of working life, even if <u>Doctor</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>Rocking</u>	
11. BIRTHPLACE (State or foreign country) <u>Bath County</u>		12. CITIZEN OF WH. COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John P. Wright</u>		14. MOTHER'S MAIDEN NAME <u>Neva Pierce</u>	
15. WAS DECEASED (Yes, no, or unknown) <u>EVER IN U. S. ARMED FORCES?</u> (If yes, give war or dates of service) <u>3</u>		16. SOCIAL SECURITY NO. <u>Raymond Wright</u>	
17. INFORMANT <u>Raymond Wright</u>			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardiac Arrest due Hypoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
DUE TO (b) <u>Following cerebral tumor death</u>		3 days	
DUE TO (c) <u>Chronic Pulmonary Emphysema + Bronchitis</u>		? years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Metastatic Carcinoma in mediastinum? Primary</u>		19. WAS AUTOPSY PERFORMED? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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.) <u>1942-657-12</u>
21b. TIME OF INJURY <u>Hour Month, Day, Year</u>			
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 October 1957 to 3-16-1958 that I last saw the deceased alive on 3-16-1958 and that death occurred at 6 p.m. East from the causes and on the date stated above.

23a. DATE SIGNED <u>3-21-58</u>		23b. ADDRESS <u>137 Pine oak</u>		23c. SIGNATURE (Degree or title) <u>Chas W Kavanaugh MD</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/19/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bath Co. Ky</u>		24e. REGISTRAR'S SIGNATURE <u>Flourance Jones</u>		24f. FUNERAL DIRECTOR ADDRESS <u>Easton - Ricky Mt. Sterling</u>	
25a. DATE RECD BY <u>3/26/58</u>		25b. REGISTRAR'S SIGNATURE		25c. FUNERAL DIRECTOR ADDRESS	