

H. B.—WRITE PLAINLY WITH UNFADING 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.

MARGIN RESERVED FOR BINDING.

COMMONWEALTH OF KENTUCKY  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Main File No. **5788**  
 Registration No. **60**

Registration District No. **50** Primary Registration District No. **4081**

**1. PLACE OF DEATH:**  
 (a) County **BATH**  
 (b) City or town **SALT LICK**  
 (c) Name of hospital or institution  
 (If outside city or town limits, write RURAL)  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **KE** (b) County **Bath**  
 (c) City or town **Salt Lick KY**  
 (If outside city or town limits, write RURAL)  
 (d) Street No. \_\_\_\_\_ (If rural give precinct)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

**3(a) FULL NAME** **David Myers**

**3(b) If veteran,** \_\_\_\_\_ **3(c) Social Security** \_\_\_\_\_  
 Name was \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** **Male** **5. Color** **White** **6(a) Single, widowed, married** **Married**  
1918

**6(b) Name of husband or wife** **Maude Myers**

**6(c) Age of husband or wife if alive** **60** Years

**7. Birth date of deceased:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_

**9. Birthplace** \_\_\_\_\_

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**FATHER**  
**12. Name** **Joseph Myers**

**13. Birthplace** **KY**

**MOTHER**  
**14. Maiden name** **Louisa Stazio**

**15. Birthplace** **NY**

**16(a) Informant's own signature** **Sela Shan**

**(b) Address** **Salt Lick**

**17. BURIAL, CREMATION, OR REMOVAL**  
 Place **Stone Can** Date **March 20** 19**44**

**18(a) Signature of funeral director** **Barnes' Home**

**(b) Address** **Salt Lick KY**

**19(a) Date received by local registrar** **March 20, 1944** **(b) Registrar's signature** **Mo Paul Brocher**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH** **March 15** 19**44**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ **to** \_\_\_\_\_  
 \_\_\_\_\_ **March 15** 19**44** and that I last saw **him** **at** \_\_\_\_\_

stated above at **3 P.M.**

**Immediate cause of death** \_\_\_\_\_ **DURATION** \_\_\_\_\_

**Due to** **Acute Pneumonia** **1 yr.**

**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**Major findings:**  
**Of operations**

**Of autopsy** \_\_\_\_\_

**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** \_\_\_\_\_  
 in public place?  (Specify type of place)

**While at work?**  **(d) Means of injury** \_\_\_\_\_

**13. Signature** **Ernest Heath Cos. Bath**

**Address** **Quincyville Ky** **Date signed** **3/15/44**