

1. PLACE OF DEATH
County Bath
Vol. 5-2 Registration District No. 5-2
Inc. Town Salt Lick Primary Registration District No. 4085
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lillie Mc Casty
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. New born in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married
6. DATE OF BIRTH June 16, 17 19
7. AGE 47 6 12 If LESS than 1 yr. or less than 1 mo.
8. Trade, profession, or particular kind of work done, or spinner, weaver, bookkeeper, etc. Housewife
9. Industry or business in which work was done, or with which connected, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE Kentucky

13. NAME Lafe Harris

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Aline Mc Casty

16. BIRTHPLACE Kentucky

17. INFORMANT Rae Mc Casty
(Address) Salt Lick, Kentucky

18. BURIAL, CREMATION, OR REMOVAL
Place Shields Cem. Inc. Dec. 30, 1937

19. UNDERTAKER Barnes & Hardeman
(Address) Salt Lick, Kentucky

20. FILED 12-30-37 D. C. Alexander
Registered (Address) Salt Lick, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 28/37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28/37 to Dec. 28/37.
I last saw h. or alive on Dec. 28/37. Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Organic heart disease accompanied with dropsy 4 1/2 yrs.
Contributory causes of importance not related to principal cause:
Branchial and cardiac asthma 2 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. T. Jones, M. D.
(Address) Salt Lick, Ky.

MARGIN RESERVED FOR SIGNING

8. WRITE PLAINLY, WITH SPACING 1865-THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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. See instructions on back of certificate.