

Registration District No. 755

Primary Registration District No. 2275

1. PLACE OF DEATH  
a. COUNTY

Jefferson

2. USUAL RESIDENCE  
a. STATE

Kentucky

b. COUNTY  
Jefferson

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Louisville

c. LENGTH OF STAY (in this place)  
1 week

c. CITY OR TOWN Louisville 0777

15. RESIDENCE ON A FARM? YES ☐ NO ☒

d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital

d. STREET ADDRESS 125 Hillcrest Avenue YES ☒ NO ☐

3. NAME OF DECEASED  
(Type or Print)

a. (First)

Nellie

b. (Middle)

(NMT)

c. (Last)

Shouse

4. DATE OF DEATH

(Month) (Day) (Year)

July 22, 1961

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 25, 1883

9. AGE (in years last birthday)

77 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

seamstress

10b. KIND OF BUSINESS OR INDUSTRY

DUSTY

11. BIRTHPLACE (State or foreign country)

Bath County, Kentucky

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Hagerman

14. MOTHER'S MAIDEN NAME

Nettie

15. WAS DECEASED (Yes, no, or unknown)

no

16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT

Miss Dorothy Shouse

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

Arteriosclerotic heart disease with massive congestive failure

20. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)

21b. TIME OF INJURY

Hour Month, Day, Year

21c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3/17, 1960 to 7/22/61, 1961, that I last saw the deceased alive on 7/22/61, 1961, and that death occurred at 11:05 AM 1961. The causes and on the date stated above.

23a. DATE SIGNED

23b. ADDRESS

23c. SIGNATURE

(Typed name and title)

7/25/61

Fincastle B.d.g. Louisville Ky

John H. Haddad

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

July 24, 1961

24c. NAME OF CEMETERY OR CREMATORY

Jones Cemetery

24d. LOCATION (City, town, or county) (State)

near Salt Lick in Bath County Kentucky

25a. DATE REC'D BY LOCAL REG.

25b. REGISTRAR'S SIGNATURE

25c. FULL NAME OF REGISTRAR

25d. ADDRESS

Dorothy Foster

RATTERMAN BROS., INC.

3711 LEXINGTON ROAD

LOUISVILLE 7, KY

MEDICAL CERTIFICATION