

19648

MARGIN RESERVED FOR BINDING

N. 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.

1. PLACE OF DEATH:
 (a) County BATH
 (b) City or town SALT LICK
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution _____
(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 KY (b) County BATH
 (c) City or town SALT LICK
(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. _____ yrs

3(a) FULL NAME ELIZABETH JARRETT

3(b) If veteran, _____ (c) Social Security Name was _____ No. _____

4. Sex FEMALE 5. Color WHITE 6(a) Single, widowed, married, divorced MARRIED

6(b) Name of husband or wife W. H. JARRETT

6(c) Age of husband or wife if alive _____

7. Birth date of deceased Jan 25 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 12
If less than one day, hr. min.

9. Birthplace INDIANA

10. Usual occupation HOUSEWIFE

11. Industry or business _____

FATHERS { 12. Name DONT-KNOW
 13. Birthplace I. I.

MOTHERS { 14. Maiden name DONT-KNOW
 15. Birthplace I. I.

16(a) Informant's own signature J. H. Jarrett
 (b) Address SALT LICK, KY

17. BURIAL, CREMATION, OR REMOVAL
 Place JAMES COOK Date AUG 14 1948

18(a) Signature of funeral director Harman & Powell
 (b) Address SALT LICK, KY

19(a) Aug. 14 1948 (b) Mrs. Pearl Boster
(Date reported by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 13 1948

21. I hereby certify that I attended the deceased from July 1 1948 to Aug. 13 1948 and that death occurred on the date stated above at 2:30 P. M.

Immediate cause of death DIARRHEA, INFECTION
 Type undetermined DURATION 1 wk.

Due to 1) Pneumonia, 7 yrs. dur
2) To Thrombotic Diarrhea
 Other conditions 1) ARTERIOSCLEROSIS, CHRONIC
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 83B-120A

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 plant, in public place? _____
(Specify type of place)

While at work? _____ (d) Means of injury _____

23. Signature Robin A. Boyan, MD
 Address Quincyville, Ky Date signed 8/17/48