

1. PLACE OF DEATH a. COUNTY <b>BATH</b>		2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission) a. STATE <b>KY</b> b. COUNTY <b>BATH</b>	
b. CITY OR TOWN <b>SALT-LICK</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <b>ROLLA</b> b. (Maiden) <b>GREENE</b> c. (Last) <b>GREENE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 31 1951</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 9 - 1863</b>	9. AGE (In years, last birthday) <b>88</b>	10. Under 1 Year Months <b>2</b> Days <b>22</b>	11. Under 15 Min.
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12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>	12b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13. FATHER'S NAME <b>GEORGE GREENE</b>	14. MOTHER'S MAIDEN NAME <b>MARY JONES</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (The no. of substance) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>IAN GREENE</b>
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18. CAUSE OF DEATH Enter only one cause (see also for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO-SCLEROTIC HEART DISEASE - 5 yrs.</b>		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200-081-17</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., to or about house, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 1946** to **Aug 31**, 1951, that I last saw the deceased alive on **Aug 31**, 1951 and that death occurred at **12:30 P.** m. from the causes and on the date stated above.

23a. DATE SIGNED <b>9/6/51</b>	23b. ADDRESS <b>Parisville</b>	23c. SIGNATURE <b>Robin A. Dyer, M.D.</b>	(Degree or title)
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEP 2-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>JONES CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>SALT-lick 152</b>
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25a. DATE REC'D BY LOCAL REG. <b>9/6/51</b>	25b. REGISTRAR'S SIGNATURE <b>Mrs. Clara Prothro</b>	25c. SANITARY DIRECTOR <b>Howard J. Powell</b>	ADDRESS <b>Salt Lick</b>
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