

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

1. PLACE OF DEATH a. COUNTY BATH		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE KY b. COUNTY BATH	
b. CITY OR TOWN SALT-lick	c. LENGTH OF STAY (in this place)	c. CITY (If institution corporate limits, write RURAL and give township) SALT-lick	
d. FULL NAME OF (If not in hospital or institution, give street address or institution)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) ANNIE b. (Middle) BELL c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) Aug 25 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 20 1966
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	9c. AGE (If over 100, give last birthday) 82 10. 10 11. 6
10a. BIRTHPLACE (State or foreign country) KENTUCKY		10b. CITIZENSHIP (What country) USA	
11. FATHER'S NAME DAVID HUNTER		12. MOTHER'S MAIDEN NAME MARY ASHLEY	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		14. SOCIAL SECURITY NO.	17. INFORMANT Mr. Frank
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of STOMACH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT (Specify) SUICIDE HOMICIDE		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. HOW DID INJURY OCCUR?	
21a. TIME OF INJURY (Month) (Day) (Time) (Hour)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Tues , 19 47 to Aug 25 , 19 49 , that I last saw the deceased alive on Aug 25 , 19 49 and that death occurred at _____, from the causes and on the date stated above.			
23a. DATE SIGNED 8-26-49	23b. ADDRESS Wormisville Ky	23c. SIGNATURE (Degree or title) Robin A. Bryant MD	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Aug 27 1949	24c. NAME OF CEMETERY OR CREMATORY JAMES CEMETERY	24d. LOCATION (City, town, or county) (State) SALT-LICK KY
25a. DATE REC'D BY 9-5-49	25b. REGISTRAR'S SIGNATURE Mrs. Paul Bratcher	25c. GENERAL DIRECTOR W. H. ...	

By: **S. Beller**