

Registration District No. 20

Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY Bourbon			2. USUAL RESIDENCE a. STATE Ky. b. COUNTY Bourbon		
b. CITY (If outside corporate limits, write RURAL and give township) Paris		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Paris		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 Maple St.			d. STREET ADDRESS 402 Maple St.		
3. NAME OF DECEASED (Type or Print) James Samson McCarty			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1883		9. AGE (in years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bath County Ky.		12. CITIZEN OF WHAT COUNTY?
13. FATHER'S NAME Jack McCarty			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Fannie McCarty		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Adams - Stokes disease DUE TO (c) 2 years Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH immediate		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4330-082-16			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 a. m. p. m.		21c. CITY, TOWN, OR LOCATION COUNTY STATE			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
22. I hereby certify that I attended the deceased from Aug 4, 1954 to Nov 12, 1956 , that I last saw the deceased alive on Oct 4, 1956 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.					
23a. DATE SIGNED 11/13/56		23b. ADDRESS Midleton 14		23c. SIGNATURE C. E. Davis (Name or title)	
24c. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/13/56		24c. NAME OF CEMETERY OR CREMATORY Midland Cemetery	
25a. DATE REC'D BY LOCAL REG.		25b. REGISTRAR'S SIGNATURE J. B.		25c. FUNERAL DIRECTOR Davis Funeral Home, Paris, Ky.	
25d. ADDRESS		25e. ADDRESS			

MEDICAL CERTIFICATION