

Registration District No. 1119 Primary Registration District No. 7581

1. PLACE OF DEATH a. COUNTY <u>Nicholas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Nicholas</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Conditse</u>		c. CITY OR TOWN <u>Moorefield</u>	
c. LENGTH OF STAY (in care place) <u>1 day</u>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nicholas Co. Hospital</u>		d. STREET ADDRESS <u>R. F. D. # 1</u>	
(If not in hospital or institution, give street address or location)		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <u>Fannie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 25 1961</u>		
a. (First)	b. (Middle)	c. (Last)	5. DATE OF BIRTH <u>Dec. 21, 1883</u>		
6. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	9. AGE (In years last birthday) <u>77-</u>	If Under 1 Year: (Month) (Day) (Year)	

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Bath Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. G.</u>	
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13. FATHER'S NAME <u>W. M. Rice</u>		14. MOTHER'S MAIDEN NAME <u>Perticia McElathen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT <u>Mrs. Camell Ring; Paris, Ky. (Daughter)</u>			

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>DEHYDRATION & SHOCK</u>					
5711 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b) <u>ACUTE GASTROENTERITIS</u>			
		DUE TO (c) _____			

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

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 _____					

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.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
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22. I hereby certify that I attended the deceased from 25 Sept. 1961 to 25 Sept. 1961, that I last saw the deceased alive on 25 Sept. 1961, and that death occurred at 7th A.M., from the causes and on the date stated above.

23a. DATE SIGNED <u>9/26/61</u>		23b. ADDRESS <u>Conditse, Kentucky</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-27-61</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Midland Cemetery</u>	
25a. DATE REC'D BY LOCAL REG. <u>9-26-61</u>		25b. REGISTRAR'S SIGNATURE <u>Eva F. Donovan</u>		24d. LOCATION (City, town, or county) (State) <u>Bath Co. Ky.</u>	
		26. FUNERAL DIRECTOR <u>Davis Funeral Home, Paris, Ky.</u>		ADDRESS	

MEDICAL CERTIFICATION