

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH:
(a) County BATH
(b) City or town SALT-lick
(c) Name of hospital or institution:
(d) Length of stay: In hospital or community _____
(If not in hospital or institution with street number or location)
(year, month or day)

2. USUAL RESIDENCE OF DECEASED:
(a) State KY (b) County BATH
(c) City or town SALT-lick - KY
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME MARY-MAGDILINA JONES

3(b) if veteran, _____ 3(c) Social Security _____
Name war _____ No. _____

4. Sex MALE 4. Color or race WHITE 4(a) Single, widowed, married, divorced WIDOWED

5(b) Name of husband or wife _____

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

7. Birth date of deceased JULY 8 - 1889 Year
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 19 If less than one day _____

9. Birthplace KENTUCKY

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name THOMAS-JONES

13. Birthplace KY

14. Maiden name KATE RICE

15. Birthplace KY

16(a) Informant's own signature Dallas Jones

(b) Address SALT-LICK KY

17. BURIAL, CREMATION, OR REMOVAL
Place Stone Cove Date Aug 21 1943

18(a) Signature of funeral director Brown & Mendenhall

(b) Address Salt Lick KY

19(a) Aug 27 - 1943 (b) Dr Paul Hercher
(Date received by local registrar) (Registrar's signature)

20. DATE OF DEATH Mary Jones Aug 18 1943

21. I hereby certify that I attended the deceased from Aug 18 1943 to Aug 18 1943 that I last saw him alive on Aug 14 1943 and that death occurred on the date stated above at 10 AM

Immediate cause of death Pulmonary T.B. DURATION _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations 13 12

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

While at work? _____ (a) Manner of injury _____

23. Signature H. C. Watson (M. D. or other) _____

Address Druggistsville Date signed 8/19/43

MARGIN RESERVED FOR INDEXING

M. 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.