

Registration District No. **5-001** Primary Registration District No. **2165**

1. PLACE OF DEATH a. COUNTY Gayette		2. USUAL RESIDENCE (When deceased lived, if institution, indicate before admission) a. STATE Ky b. COUNTY Rowan	
3. CITY (If multiple entries, list with SERIAL and give number) a. CITY OR TOWN Lexington		4. LENGTH OF STAY (in 100 days) a. CITY OR TOWN Garwood 105	
5. FULL NAME OF (1) HOSPITAL OR INSTITUTION St Joseph		6. STREET ADDRESS (If rural, give location)	
7. NAME OF DECEASED (Type or Print) a. (First) Bessie Heloestine Jones b. (Last)		8. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1949	
9. SEX Female	10. COLOR OR RACE White	11. MARRIAGE STATUS Widowed	12. DATE OF BIRTH (Month) (Day) (Year) June 2, 1888
13. MR. USUAL OCCUPATION (Give kind of work done during week of week of death) housewife	14. IN. KIND OF BUSINESS OR INDUSTRY	15. AGE (in years last birthday) 61	16. SEX (Under 15 in. Hours) 3
17. FATHER'S NAME Willie Heloestine		18. MOTHER'S MAIDEN NAME Day	
19. WAS DECEASED EVER IN U. S. ARMED FORCES?		20. SOCIAL SECURITY NO.	
21. 17. INFORMANT			
22. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))		23. MEDICAL CERTIFICATION	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism with left parasplogia		25. INTERVAL BETWEEN ONSET AND DEATH 2-21-49	
26. ANTIPODENT CAUSES (This does not mean the words of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)		27. DUE TO (b) Arteriosclerotic heart disease with congestive heart failure	
28. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		29. DUE TO (c) 4200-93T	
30. DATE OF OPERATION None		31. MAJOR FINDINGS OF OPERATION	
32. ACCIDENT (Specify) SUICIDE HOMICIDE		33. PLACE OF INJURY (a.e. In or about home, farm, school, street, other place)	
34. TIME OF INJURY (Month) (Day) (Year) (Hour)		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR		37. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
38. I hereby certify that I attended the deceased from Sept 1, 1949 to Sept 3, 1949 , that I last saw the deceased alive on Sept 2, 1949 , and that death occurred at 4:40 p.m. from the causes and on the date stated above.			
39. DATE SIGNED Sept 19, 1949	40. ADDRESS 190 N. Upper St. Lexington, Ky.	41. SIGNATURE (Typed or Stamped) Carl W. Turner - M.D.	
42. BURIAL, CREMATION, OR DISPOSITION Burial	43. DATE Sept. 6, 1949	44. NAME OF CEMETERY OR CREMATOR Carey Cemetery	45. LOCATION (City, town, or county) (State) Midland, Bath Co. Ky.
46. DATE REC'D BY 9-26-49	47. REGISTRAR'S SIGNATURE D. J. ...	48. FUNERAL DIRECTOR'S ADDRESS Chas. ...	

NR

D. J. ... **Sept 21, 49**