

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE (Where deceased lived immediately prior to death or last 12 months before admission) a. STATE <u>KY.</u> b. COUNTY <u>BATH</u>			
b. CITY (If outside corporate limits, with RURAL and give nearest town) <u>SALT LICK</u>		c. LENGTH OF STAY (in this place)		d. CITY (If outside corporate limits, with RURAL and give nearest town) <u>SALT LICK</u>	
e. FULL NAME OF HOSPITAL OR INSTITUTION			f. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)		b. (Middle) <u>Ivelia</u>		c. (Last) <u>Bailey</u>	
4. SEX <u>Female</u>		5. COLOR OF HAIR <u>White</u>		6. DATE OF DEATH Month <u>Sept</u> Day <u>22</u> Year <u>1953</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Oct. 30 1870</u>		9. AGE (in years, months, days, hours, minutes) <u>83 10 23</u>	
10a. USUAL OCCUPATION (Give kind of work done during night of death, 10p. 45m. to 5a.m.) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GR. DUSTY</u>		11. BIRTHPLACE (House or foreign country) <u>FARMERS, KY.</u>	
12. FATHER'S NAME <u>JAMES RAZOR</u>		14. MOTHER'S MAIDEN NAME <u>MARY E. Hedges</u>			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give branch) (If yes, give war or dates of service) <u>NO</u>		14. SOCIAL SECURITY NO.		15. INFORMANT <u>GLADIE JAMES</u>	
16. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))		17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.		18. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c)			
		19. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200-081-17</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Suicide, HOMICIDE)		21b. PLACE OF INJURY (In a., in or about house, farm, factory, street, other place)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/22</u> , 19 <u>53</u> to <u>9/22</u> , 19 <u>53</u> that I last saw the deceased alive on <u>9/22</u> , 19 <u>53</u> , and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>9/25/53</u>		23b. ADDRESS <u>Orvingville</u>		23c. SIGNATURE (Type or Print) <u>John A. Byron M.D.</u>	
24a. BURIAL CREMATION REMOVAL <u>BURIAL</u>		24b. DATE <u>1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Midland, Bath Co., Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>Sept 26-53</u>		25b. REGISTRAR'S SIGNATURE <u>Mrs Pearl Brothman</u>	
		25c. SPECIAL DIRECTOR'S SIGNATURE <u>Arnold J. G. Seltzer</u>		25d. ADDRESS	