

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICSDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 6

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALT-lick, Ky.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALT-lick, Ky.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>WILLIAM FRENCH</u> (Type or Print)		b. (Middle) <u>JONES</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1957</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>ACT 16-1875</u>		9. AGE (to last birthday) 11 Under 1 Year 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>??</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13. FATHER'S NAME <u>MASON JONES</u>		14. MOTHER'S MAIDEN NAME <u>BEHADA NICKELL</u>	
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16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. M. F. Jones</u>	
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18. CAUSE OF DEATH Enter only the cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, Pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
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ANTECEDENT CAUSES

DUE TO (b)

DUE TO (c)

II. 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>157X-057-12</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or above home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. 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 1947, 19__ to __, 19__, that I last saw the deceased alive on Jan 9, 19__ and that death occurred at __ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>1-12-57</u>		23b. ADDRESS <u>Bringsville</u>		23c. SIGNATURE <u>John A. Brown, MD</u> (Degree or title)	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-12-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>SALT-lick BATH KY</u>		24e. DATE REC'D BY <u>1-12-57</u>		24f. REGISTRAR'S SIGNATURE <u>Paul H. Brooks</u>	
24g. FUNERAL DIRECTOR <u>Paul H. Brooks</u>		24h. ADDRESS <u>Salt Lick, Ky</u>		24i. FUNERAL DIRECTOR <u>Paul H. Brooks</u>	