

Registration District No. 1310 Primary Registration District No. 8141

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Rowan</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?)<br>a. STATE <u>Kentucky</u> b. COUNTY <u>Rowan</u> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehead, Ky.</u>               |  | c. LENGTH OF STAY (In date place) <u>1 Yr.</u>                         | c. CITY OR TOWN <u>Morehead</u>   |   | IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tolliver Addition</u>  |  |  | d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ursula</u> b. (Middle) <u>Grace</u> c. (Last) <u>Jones</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11, 1960</u>   |   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify?) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 19, 1886</u>   | 9. AGE (In years last birthday) <u>74</u> | If Under 1 Year: Months <u>7</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) <u>Housewife</u>    |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>                      | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |
| 13. FATHER'S NAME <u>James Razor</u>  |  |  | 14. MOTHER'S MAIDEN NAME <u>Mary Hedges</u>   |   |   |
| 15. WAS DECEASED (Yes, no, or unknown) <u>No</u>  | 16. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | 14. SOCIAL SECURITY NO.  | 17. INFORMANT <u>Eula Kautz (Daughter)</u>  |   |   |

|   |  |  |                       |  |  |  |
|---|--|--|-----------------------|--|--|--|
| 18. CAUSE OF DEATH<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Malignant Cachexia</u>   |  |  | MEDICAL CERTIFICATION |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>  |
| Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Breast</u>             |  |  |                       |  |  | 4 yrs  |
| DUE TO (c) _____  |  |  |                       |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>170X</u> |  |  |                       |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |                                  |   |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|
| 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 a. m. p. m.)   |                                  |   | 21c. CITY, TOWN, OR LOCATION COUNTY STATE  |  |  |  |
| 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.) |  |  |  |  |

22. I hereby certify that I attended the deceased from 11-24, 1958 to Dec 11, 1960, that I last saw the deceased alive on Dec 10, 1960, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

|   |  |   |   |
|---|--|---|---|
| 23a. DATE SIGNED <u>12-20-60</u>                        | 23b. ADDRESS <u>Morehead, Ky.</u>                    | 23c. SIGNATURE <u>Louis Candill, M.D.</u> (Printer or title)          |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 13, 1960</u>                        | 24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>              | 24d. LOCATION (City, town, or county) (State) <u>Bath County Kentucky</u> |
| 25a. DATE REC'D BY LOCAL REG. <u>12-27-60</u>           | 25b. REGISTRAR'S SIGNATURE <u>Louis Jean Candill</u> | 26. FUNERAL DIRECTOR ADDRESS <u>Meredit Stucky Morehead, Kentucky</u> |   |