Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
Bureau of Vital Statistics

CERTIFICATE OF DEATH

State File No. 9140
Registrar's No. 762

Registration District No. 5002 Primary Registration District No. 2165

1. PLACE OF DEATH a. County: Fayette	2. USUAL RESIDENCE a. State: Kentucky b. County: Bath
b. City or Town: Lexington c. Length of stay (in this place): 01	c. City or Town: Salt Lick
d. Full name of hospital or institution: Good Samaritan Hospital	d. Street Address:
3. NAME OF DECEASED a. (First) Ed b. (Middle) c. (Last) Myers	4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 1949
5. Sex: Male 6. Color or race: White 7. Married, never married, widowed, divorced: Widowed	8. Date of birth: March 9. Age (in years last birthday): 82
10a. Usual occupation: farmer 10b. Kind of business or industry: /	11. Birthplace: Bath county 12. Citizen of what country?: U S A
13. Father's name: Alfred Myers	14. Mother's maiden name: Margaret Ingram
15. Was deceased ever in U.S. Armed Forces? 16. Social Security No.	17. Informant

MEDICAL CERTIFICATION

18. Cause of death		Interval between onset and death
I. Disease or condition directly leading to death*	(a) Coronary thrombosis	few weeks
Antecedent causes — Due to	(b) Coronary sclerosis	years 10
Due to	(c) Arteriosclerosis	years 15
II. Other significant conditions	Prostatic hypertrophy	

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. Date of operation: 19b. Major findings of operation: none 20. Autopsy? Yes ☐ No ☐

21a. Accident, Suicide, Homicide (Specify) 21b. Place of injury 21c. (City, town, or township) (County) (State)

21d. Time of injury (Month) (Day) (Year) (Hour) m. 21e. Injury occurred While at work ☐ Not while at work ☐ 21f. How did injury occur?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.

23a. Date signed: May 12/49 23b. Address: 200 W 2nd St Lexington 23c. Signature: Allen W Scott M.D.

24a. Burial, cremation, removal: 24b. Date: 5-10-1949 24c. Name of cemetery or crematory: Salt Lick 24d. Location (City, town, or county) (State): Salt Lick Ky

25a. Date rec'd by local reg.: 5-1[illegible] 25b. Registrar's signature: [illegible] 26. Funeral director: Harrison [illegible] Address: Salt Lick Ky