

Registration District No. **50** Primary Registrar's District No. **4081**

1. PLACE OF DEATH:

(a) County **BATH**

(b) City or town **SALT LICK KY** (If outside city or town limits, write RURAL)

(c) Name of hospital or institution:

(d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **KY** (b) County **BATH**

(c) City or town **SALT LICK KY** (If outside city or town limits, write RURAL)

(d) Street No. _____ (If rural give precinct)

(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **ADDIE-B MYERS**

3(b) if veteran, Name war _____ 3(c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6(a) Single, widowed, married, divorced **MARRIED**

6(b) Name of husband or wife **EDD MYERS**

6(c) Age of husband or wife if alive **72** Years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years **71** Months **10** Days **9** If less than one day _____

9. Birthplace **KENTUCKY**

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

FATHER 12. Name **WILEY ROBERTS**

13. Birthplace **KY**

MOTHER 14. Maiden name **AMANDA ALFREY**

15. Birthplace **KY**

16(a) Informant's own signature **CLARA CLICK**

(b) Address **SALT LICK**

17. BURIAL, CREMATION, OR REMOVAL
Place **STANLEY CEM** Date **JUNE 2 1943**

18(a) Signature of funeral director **Brown & Henson**

(b) Address **SALT LICK KY**

19(a) _____ (Date received by local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **MAY 30 1943**

21. I hereby certify that I attended the deceased from **May 15 1943** to **May 30 1943** that I last saw him alive on _____ and that death occurred on the date stated above at **10:00 AM**

Immediate cause of death **Angina pectoris**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations **1943**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place or public place? _____ (Specify type of place)

While at work? _____ (d) Manner of injury _____

23. Signature **J. C. Watson** (M. D. or other)

Address **Chargersville** Date signed **5/15/43**

DELAY

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully repeated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, and it may be properly classified. Exact status of OCCUPATION at very last moment.

REMARKS RESERVED FOR RECORDING