

Registration District No. 1210 Primary Registration District No. 8141

1. PLACE OF DEATH a. COUNTY <b>ROWAN</b>		2. USUAL RESIDENCE (When deceased lives in institution, residence before admission) a. STATE <b>KY</b> b. COUNTY <b>ROWAN</b>	
b. CITY (If institution, name, with SERIAL and city number) <b>FARMERS</b>		c. LENGTH OF STAY (in last place) <b>FARMERS</b>	
3. FULL NAME OF (If not in hospital or institution, give street address of institution)		4. STREET ADDRESS (If rural, give location)	
5. NAME OF DECEASED a. (First) <b>ELLA-WITTEN-GULLETT</b>		6. DATE OF DEATH (Month) (Day) (Year) <b>MAY 2 1950</b>	
b. (Last)		7. SEX (Male) (Female) <b>FEMALE</b>	
8. COLOR OF RACE <b>WHITE</b>		9. MARRIAGE STATUS (Married, Never Married, Widowed, Divorced, Separated) <b>MARRIED</b>	
10. DATE OF BIRTH <b>1877</b>		11. AGE (in years) (Months) (Days) <b>72 11 14</b>	
12. USUAL OCCUPATION (from start of work since starting age of working life, give if correct) <b>HORSESHOE</b>		13. KIND OF BUSINESS OR INDUSTRY	
14. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>		15. CITIZENSHIP (U.S.A., etc.) <b>U.S.A.</b>	
16. FATHER'S NAME <b>WILLIAM-WITTEN</b>		17. MOTHER'S MAIDEN NAME <b>SALLY FULLER</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give part or dates of service)		19. SOCIAL SECURITY NO. <b>388-60111</b>	
20. CAUSE OF DEATH (Give only one cause but list for (a), (b), and (c))		21. MEDICAL CERTIFICATION	
a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <b>Ischemic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
b. ANTICIPANT CAUSE (Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) SUB TO (a) <b>Arteriosclerosis</b> SUB TO (b) <b>Diabetic Mellitus</b>		22. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT (Report) SUICIDE HOMICIDE		26. PLACE OF INJURY (e.g., in or about home, store, factory, street, other) <b>HOME</b>	
27. TIME OF INJURY (Hour) (Day) (Month) (Year)		28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from <b>April 2, 1950</b> to <b>April 2, 1950</b> , that I last saw the deceased alive on <b>April 2, 1950</b> and that death occurred at <b>3 AM</b> , from the causes and on the date stated above.		30. SIGNATURE (English or other) <b>W. H. ...</b>	
31. DATE SIGNED		32. ADDRESS	
33. BURIAL, CREMATION, REMOVAL (Specify)		34. NAME OF CEMETERY OR CREMATORY <b>JONES CEM</b>	
35. DATE SEC'D BY LOCAL OFF. <b>5/2/50</b>		36. LOCATION (City, town, or village) (State) <b>SALT LICK KY</b>	
37. CONTRACT SIGNATURE <b>...</b>		38. FUNERAL DIRECTOR ADDRESS <b>HARBURMAN, FAWELL</b>	