

FEDERAL SOCIETY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 23

Registration District No. 50

Primary Registration District 44081

1. PLACE OF DEATH & COUNTY BATH

2. USUAL RESIDENCE (When Decedent lived at a different address before & STATE KY & COUNTY BATH

3. CITY OR TOWN SALT-LICK

4. LENGTH OF STAY (in days)

5. CITY OR TOWN SALT-LICK Ky

6. FULL NAME OF HOSPITAL OR INSTITUTION

7. STREET ADDRESS

8. NAME OF DECEASED JANE ALFREY

9. DATE OF DEATH (Month) (Day) (Year) Dec 17-1952

10. SEX FEMALE

11. COLOR OR RACE WHITE

12. MARRIAGE STATUS WIDOWED

13. DATE OF BIRTH JULY 12-1865

14. USUAL OCCUPATION HOUSEWIFE

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (Name of former country) KENTUCKY BATH Co

17. FATHER'S NAME UNKNOWN

18. MOTHER'S MAIDEN NAME ELLEN-HAZARDMAN

19. SOCIAL SECURITY NO.

20. INFORMANT ALBERT ALFREY

21. CAUSE OF DEATH: DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Bacterial pneumonia

22. DATE OF OPERATION: 491X-090-19

23. ACCIDENT SUICIDE INDICED: NO

24. TIME OF INJURY: 12:00 PM

25. I hereby certify that I attended the decedent from death to death...

26. DATE SIGNED: 12/17/52

27. NAME OF CREMATOR: JONES CEM.

28. REGISTRAR'S SIGNATURE: [Signature]

29. FUNERAL DIRECTOR: [Signature]