

Form V R 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

Date File No. _____
Registrar's No. 23

Registration District No. 1310 Primary Registration District No. 8141

1. PLACE OF DEATH a. COUNTY <u>Rowan</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Rowan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Farmers</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) <u>Myers</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Farmers</u>	
f. FULL NAME OF (If not in hospital or institution, give street address or hospital or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Clarence</u> (Type or Print)			b. (Middle)			c. (Last) <u>Myers</u>			4. DATE OF DEATH (Month) <u>Apr</u> (Day) <u>29</u> (Year) <u>1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>April 13, 1892</u>		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>							
13. FATHER'S NAME <u>John Turner Myers</u>				14. MOTHER'S MAIDEN NAME <u>Bettie Lancaster</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT <u>Mr. Clarence Myers</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection + anemia</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) <u>with metastasis</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
		19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION <u>154X-044-14</u>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-1, 1950, to 4-28, 1950, that I last saw the deceased alive on 4-28, 1950, and that death occurred at 3:2 p.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>5-2-50</u>		23b. ADDRESS <u>Manchester Ky.</u>		23c. SIGNATURE (Degree title) <u>A. C. Reynolds M.D.</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>May 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	
24d. DATE REC'D BY LOCAL REG. <u>5/5/50</u>		24e. REGISTRAR'S SIGNATURE <u>Wanda Springs</u>		24f. FUNERAL DIRECTOR <u>Chase</u>	
				24g. LOCATION (City, town, or county) (State) <u>Beth Co., Ky.</u>	