

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:  
 (a) County Fayette  
 (b) City or town Lexington  
 (c) Name of hospital or institution St. Joseph's Hospital.  
 (d) Length of stay: In hospital or community 01 (year, month or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kentucky (b) County Fayette  
 (c) City or town Rural  
 (d) Street No. Versailles Pike.  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3(a) FULL NAME Mrs. Martha Day Warren.  
 3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. None.  
 4. Sex F. 5. Color or race W. 6(a) Single, widowed, married, divorced Widow.  
 6(b) Name of husband or wife John B. Warren.  
 6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
 7. Birth date of deceased Mar. 21st. 1873.  
 8. AGE: Years 71 Months 6 Days 11 If less than one day hr. \_\_\_\_\_ min.  
 9. Birthplace Bath Co. Ky.  
 10. Usual occupation At Home.  
 11. Industry or business \_\_\_\_\_  
 FATHER: 12. Name Daniel Day  
 13. Birthplace Ky.  
 MOTHER: 14. Maiden name Josephine Craig  
 15. Birthplace Ky.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH Oct. 2nd. 1944.  
 21. I hereby certify that I attended the deceased from Oct. 1944 to 10/11/44 that I last saw him alive on 10/11/44 and that death occurred on the date stated above at 12.35 P. M.  
 Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Myocardial Infarction 2  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations 93E  
 Of autopsy \_\_\_\_\_

16(a) Informant's own signature Mrs. Jo Wharncliffe  
 (b) Address R.R. 2 Versailles Pike.  
 17. BURIAL, CREMATION OR REMOVAL  
 Place Jones Cem. Bath Co. Oct. 5th. 1944  
 18(a) Signature of funeral director W. P. Williams  
 (b) Address Lexington Ky.  
 19(a) 10-4-1944 (Date received by local registrar) (b) W. C. Farley (Registrar's signature)

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, in public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
 23. Signature W. C. Farley (M. D. or surgeon)  
 Address Lexington Ky Date signed 10/11/44

County