

Registration District No. 500X

Primary Registration District No. 2165-

1. PLACE OF DEATH a. COUNTY Fayette		2. USUAL RESIDENCE a. STATE Kentucky		b. COUNTY Boyan	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. LENGTH OF STAY (in table plane)		c. CITY OR TOWN Farmers	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Nursing Home		e. STREET ADDRESS		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Creed		b. (Middle)		c. (Last) Norman	
4. DATE OF DEATH (Month) (Day) (Year) February 4, 1962		8. DATE OF BIRTH May 6, 1872		9. AGE (In years last birthday) 89	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH-PLACE (State or foreign country) Kentucky	
12. FATHER'S NAME Creed Norman		14. MOTHER'S MAIDEN NAME Baily Vires		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Lawrance Norman	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 331X		MEDICAL CERTIFICATION Probable Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 days
	DUO TO (b) athero-sclerotic-		DUO TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE	
22. I hereby certify that I attended the deceased from 8/9, 1960 to 2/4, 1962 , that I last saw the deceased alive on 1/30, 1962 and that death occurred at 12:55 a.m. , from the causes and on the date stated above.					
23a. DATE SIGNED 3/8/62		23b. ADDRESS 200 W. Second St., Lex., Ky.		23c. SIGNATURE (Type or Print) John Douglas Ruffin	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6 1962		24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	
24d. LOCATION (City, town, or county) (State) Salt Lick Kentucky		25a. DATE REC'D BY LOCAL REG. 3-12-62		25b. REGISTRAR'S SIGNATURE Flourence Craughly, C.R.	
25c. FUNERAL DIRECTOR Powell & Son		25d. LOCATION (City, town, or county) (State) Salt Lick, Kentucky			