

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS  
XC 1 148 519  
# 53 747

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

FILE NO. 116

51 20689

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4977

Registration District No. 755

Primary Registration District No. 6101

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisville</b>		c. LENGTH OF STAY (If in institution) <b>45 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1149 Bardtown Road</b>	
3. NAME OF DECEASED a. (First) <b>Frederick</b> b. (Middle) <b>Russell</b> c. (Last) <b>Burrows</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 27 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 8, 1896</b>
9a. USUAL OCCUPATION (Give kind of work done during week of death; if none, state if retired) <b>Saw Piler</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>EC</b>	10. BIRTHPLACE (State or foreign country) <b>Farmers, Kentucky</b>
11. CITIZENSHIP OF DECEASED <b>U.S.A.</b>		12. CITIZENSHIP OF DEATH COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Fred Burrows</b>		14. MOTHER'S MAIDEN NAME <b>Harriett Garrow</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give unit or class of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT <b>V.A. Hospital Records</b>		18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Metastases, Generalized</b>		INTERVAL BETWEEN SUGGESTED DEATH <b>1950</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adeno Carcinoma of the Descending Colon</b> DUE TO (c)		1949	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1537-647-14</b>			
21a. DATE OF OPERATION <b>1951</b>	21b. MAJOR FINDINGS OF OPERATION <b>adenocarcinoma, descending colon extensive metastases (laparotomy)</b>		21c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. ACCIDENT (Specify) <b>SUICIDE</b>	22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.)	22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. TIME (Month) (Day) (Year) (Hour) <b>10-29-51</b>	23b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	23c. HOW DID INJURY OCCUR	
24. I hereby certify that I attended the deceased from <b>Sept. 12, 1951, to October 27, 1951.</b> and that death occurred at <b>2:30 P.M.</b> on the date stated above.			
25a. DATE SIGNED <b>10-29-51</b>	25b. ADDRESS <b>VAH Louisville, Ky</b>	25c. SIGNATURE (Degree or title) <b>S. R. KAPLAN, MD, Chief, Professional Services</b>	
26a. BURIAL, CREMATION, DISPOSAL (Specify) <b>BURIAL</b>	26b. DATE <b>10-30-51</b>	26c. NAME OF CEMETERY OR CREMATORY <b>Jones Cemetery</b>	26d. LOCATION (City, town, or county) (State) <b>Farmers Kentucky</b>
27a. DATE REC'D BY LOCAL OFFICE <b>11-1-51</b>	27b. SIGNATURE OF LOCAL OFFICE <b>Theresa J. Hendrick</b>	27c. FUNERAL DIRECTOR ADDRESS <b>Lee E. Crain Co. R. 2, P. O. Box 1110, Louisville, Ky</b>	

FOR: LANE FUNERAL HOME  
Morehead, Kentucky

LEE E. CRAIN COMPANY FUNERAL HOME  
1330 S. 3rd St. Louisville, Ky