

Registration District No. **500** Primary Registration District No. **2165**

**1. PLACE OF DEATH:** Fayette  
 (a) County Fayette  
 (b) City or town Lexington  
 (c) Name of hospital or institution: St. Joseph Hospital  
 (d) Length of stay in hospital or community: \_\_\_\_\_  
 (e) Usual residence of deceased:  
 (a) State Kentucky (b) County Rowan  
 (c) City or town Farmers  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_

(a) FULL NAME Berulah Burrows  
 (b) if veteran, Name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_  
 Sex Female Color or race White (a) Single, widowed, married, divorced Married  
 (b) Name of husband Russell Burrows  
 (c) Age of husband or wife if alive \_\_\_\_\_  
 7. Birth date of deceased June 23 1897  
 (Month) (Day) (Year)  
 8. AGE: Years 47 Months 5 Days 1  
 9. Birthplace Yale, Ky. Bath Co.  
 10. Usual occupation Teacher  
 11. Industry or business \_\_\_\_\_

FATHER: 12. Name Daniel Chidister  
 13. Birthplace Kentucky  
 MOTHER: 14. Maiden name Thorton Lightfoot  
 15. Birthplace Kentucky

16(a) Informant's own signature Russell Burrows  
 (b) Address Farmers, Ky  
 17. BURIAL, CREMATION, OR REMOVAL  
 Place Jones Cem. Date Nov. 26 1941  
 18(a) Signature of funeral director Barnes & Hansen  
 (b) Address 8 act Dick Ky  
 19(a) 11-24-41 (b) D. D. Fullam  
 (Date received by local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH November 29 1941  
 I hereby certify that I attended the deceased from Oct 10 1941  
 to 11-24-41 that I last saw alive on 11-24-41 and that death occurred on the date stated above at 2:35 P.M.  
 Immediate cause of death embolism obstruction  
 Due to X Ray & radium  
 Other conditions Cancer of Uterus  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature A. D. Barnett (M. D. or other)  
 Address 201 W 24 St Date signed 11-26-41  
 10020 7-31-56

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