

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 31

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>SALT-LICKING</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>(SALT-LICKING, Ky)</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)		b. (Middle) <u>RAZOR</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1958</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH 9. AGE (In years last birthday) <u>MARCH 1-1929 29</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a.		10b. KIND OF BUSINESS OR INDUSTRY <u>DU</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>UNKNOWN</u>				14. MOTHER'S MAIDEN NAME <u>FRANCIS ADOLTA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>HENRY RAZOR</u>	
18. CAUSE OF DEATH Enter only one cause per (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive angiodystrophy</u> 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. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> - <u>66 yrs</u> DUE TO (c) <u>myocardial stenosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				MEDICAL CERTIFICATION INTERVAL BETWEEN DEATH AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>334X-070-14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, auto, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> OR WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1, 1958</u> to <u>May 5, 1958</u> that I last saw the deceased alive on <u>May 1, 1958</u> , and that death occurred at <u>12 PM</u> (from the cause) and on the date stated above.							
23a. DATE SIGNED <u>5-12-58</u>		23b. ADDRESS <u>Swingardle, Ky</u>		23c. SIGNATURE <u>[Signature]</u> (Type or Print)			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-5-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>		24d. LOCATION (City, town, or county) (State) <u>BATH KY</u>	
25a. DATE REC'D BY <u>5-18-1958</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25c. REGISTRAR'S TITLE <u>Registrar</u>		25d. ADDRESS <u>[Address]</u>	