

FORM V.S. NO. 1-A
REV. 1-56FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO.

Registration District No. 56

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>Bath</u>		2. USUAL RESIDENCE a. STATE <u>Ky</u> b. COUNTY <u>Bath</u> <small>(Where deceased lived. If institution's residence before admission)</small>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saltlick, Ky</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN <u>Dwingsville Ky</u>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>Richard Razor</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>May 16, 1965</u> (Month) (Day) (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18, 1892</u>
9. AGE (In years less birthday) <u>72</u>		If Under 1 Year Months Days Hours Min.	If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bath Co, Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>		13. FATHER'S NAME <u>Spencer Razor</u>	
14. MOTHER'S MAIDEN NAME <u>Hottie Holley</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Nellie Turner Saltlick, Ky</u>	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>151X</u> <u>Cardioma of stomach</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
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 checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <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 <u>Jan</u> , 19 <u>62</u> , to <u>May</u> , 19 <u>65</u> , that I last saw the deceased alive on <u>12 May</u> , 19 <u>65</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.			
23a. DATE SIGNED <u>4/16/65</u>	23b. ADDRESS <u>Dwingsville, Ky</u>	23c. SIGNATURE <u>R. L. Cameron, M.D.</u> (Name or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/18/64</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saltlick, Ky</u>
25a. DATE REC'D BY LOCAL REG. <u>6-4-65</u>	25b. REGISTRAR'S SIGNATURE <u>Senal Brooke</u>	26. FUNERAL DIRECTOR <u>Fred Neal</u>	ADDRESS <u>Dwingsville Ky</u> <u>Real Funeral Home</u>

MEDICAL CERTIFICATION