

Registration District No. **500X** Precinct Designation **2165**

1. PLACE OF DEATH:
(a) County **FAYETTE**
(b) City or town **LEIGHTON**
(c) Name of hospital or institution **Good Samaritan Hospital**
(d) Length of stay: to hospital or community **0**
2. USUAL RESIDENCE OF DECEASED:
(a) State **KENTUCKY** (b) County **POWAN**
(c) City or town **MOREHEAD**
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. **103** years

3(a) FULL NAME **MRS HATTIE W. JUSTICE**

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex **FEMALE** 4(a) Color or race **WHITE** 4(b) Single, widowed, married, divorced **WIDOWED**

5(a) Name of husband or wife _____ 5(b) Age of husband or wife if alive _____ Years

6. Birth date of deceased: (Month) (Day) (Year)

7. AGE: **63** **9** **11** If less than one day _____

8. Birthplace **KENTUCKY**

9. Usual occupation **HOUSEWIFE**

10. Industry or business _____

FATHER: 11. Name **JAMES MADISON**

12. Birthplace **KENTUCKY**

MOTHER: 13. Maiden name **HELEN BURTON**

14. Birthplace **KENTUCKY**

15(a) Informant's own signature **James Justice**

(b) Address **Morehead KY**

17. BURIAL, CREMATION, OR REMOVAL
Place **Stone Cem** Date **Jan 31 1944**

18(a) Signature of funeral director **Barnes & Harman**

(b) Address **Salt Lick KY**

19(a) **2-8-1944** (Date received by local registrar) (b) **W. A. Lamborn** (Registrar's signature)

20. DATE OF DEATH **JAN 28 1944**

21. I hereby certify that I attended the deceased from **Jan 27 1944** to **death** that I last saw him on **Jan 28 1944** and that death occurred on the date stated above at **11 P.M.**

Immediate cause of death **Coronary thrombosis, fatal**

Due to **Coronary sclerosis**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operation **none** Of autopsy **Refused**

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? In or about home, on farm, in industrial place or in public place? _____

While at work? _____ (c) Method of injury _____

23. Signature **W. A. Lamborn** Date signed **Feb 6/44**

Address **202 W 2nd**

MARGIN RESERVED FOR BINDING

8. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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