

Registration District No. **851** Primary Registration District No. **2815**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Va</b> b. COUNTY <b>Tazewell</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisa Ky</b>		c. LENGTH OF STAY (in case place) <b>16 Mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bland</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>304 Water St</b>			d. STREET ADDRESS (If rural, give location) <b>4</b>			
3. NAME OF DECEASED a. (First) <b>Samuel</b> b. (Middle) <b>Karr</b> c. (Last) <b>Day</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March, 14 1949</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>Sept. 6, 1984</b>	9. AGE (In years last birthday) <b>64</b>	10. Under 1 Year <b>6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>3 Lumber</b>	11. BIRTHPLACE (State or foreign country) <b>Peach Orchard Ky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Samuel Karr Day (New York)</b>			14. MOTHER'S MAIDEN NAME <b>Jennie Slone (Ky)</b>			
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. <b>227-09-5930</b>	17. INFORMANT <b>Mrs Samuel Day Louisa Ky</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 Min.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication or lack thereof caused death.		ANTECEDENT CAUSES Marked conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>phlebitis of left leg.</b>			about three mo.	
		DUE TO (c) <b>X</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>463X-94A</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>December 28, 1948</b> to <b>March 14, 1949</b> , that I last saw the deceased alive on <b>March 14, 1949</b> and that death occurred at <b>10:45</b> from the causes and on the date stated above.						
23a. DATE SIGNED <b>3-22-49</b>	23b. ADDRESS <b>Louisa Ky</b>	23c. SIGNATURE (Degree or title) <b>J. M. Holt M.D.</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March, 17, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jones Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Salt Lick Ky Bath Co.</b>			
25a. DATE RECD BY LOCAL REG. <b>3-22-49</b>	25b. REGISTRAR'S SIGNATURE <b>Edgar A. Wallace</b>	25c. FUNERAL DIRECTOR ADDRESS <b>H. H. Curtright Louisa Ky</b>				