

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

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH

a. COUNTY

BATH

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN (SALT-LICK, Ky)

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

a. STATE

KY

b. COUNTY BATH

IS RESIDENCE ON A FARM?

YES NO

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS?

YES NO

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

(Type or Print)

ORA. BEB. MCKENZIE

June

9

1961

5. SEX

a. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hrs.

Months

Days

Hours

Min.

MALE

WHITE

MARRIED

JULY 31 1900

60

189

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

MERCHANT

KENTUCKY

KENTUCKY

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

WILLIAM MCKENZIE

LULLIE - HANEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give year or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

CORONARY Occlusion

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

(1) Atrophic Arteriosclerosis (2) Hypertensive Heart Disease

19. WAS AUTOPSY PERFORMED?

YES NO

MEDICAL CERTIFICATION

20. ACCIDENT

SUICIDE

HOMICIDE

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

21c. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21e. CITY, TOWN, OR LOCATION

COUNTY

STATE

WHILE AT WORK NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 6/9, 1961, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. DATE SIGNED

23b. ADDRESS

23c. SIGNATURE

(Type or Print)

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