

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

 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

REG. NO. 116

REGISTRAR'S NO. 63

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAULT-LICHT, Ky</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION		2. USUAL RESIDENCE (Where deceased lived, if not permanent residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u> c. CITY OR TOWN <u>SAULT-LICHT, Ky</u> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>JOHN CLARENCE</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>RUSSELL</u> d. DATE OF DEATH (Month) (Day) (Year) <u>OCT 30 1959</u>		4. DATE OF BIRTH a. DATE OF BIRTH <u>May 19 1902</u> b. AGE (In years last birthday) <u>57</u> c. SEX <u>MALE</u> d. COLOR OR RACE <u>WHITE</u> e. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> f. AGE (In years last birthday) <u>67</u> g. SEX <u>M</u> h. COLOR OR RACE <u>W</u>	
5. SEX <u>MALE</u>		6. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during 12 months preceding date of death) <u>SAULT-LICHT</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u> 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN RUSSELL</u>		14. MOTHER'S MAIDEN NAME <u>SARAH HELSEY</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service)		17. INFORMANT <u>LEE RUSSELL</u>	
18. CAUSE OF DEATH State only use codes for time for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES *This does not mean the mode of attack or hours before, reference etc. It means the disease, injury, or complication which caused death. Meribid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quite severe chronic</u> DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>582 X</u>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Other)	
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 July, 1958, to Oct 30, 1959, that I last saw the deceased alive on Oct 26, 1959, and that death occurred at 1:00 p. m. from the causes and on the date stated above.			
25a. DATE SIGNED <u>10-31-59</u>		25b. ADDRESS <u>Downsville Ky</u>	
25c. SIGNATURE <u>Edward K. Smith M.D.</u>		25d. SIGNATURE <u>John R. Brooks</u>	
26a. BUREAU OR REMOVALS (Specify) <u>ISMAIL</u>		26b. DATE <u>Nov 1-1959</u>	
26c. NAME OF CEMETERY OR CRYPTORY <u>JONES CEM</u>		26d. LOCATION (City, town, or county) (State) <u>SAULT-LICHT BATH KY</u>	
26e. DATE REC'D BY <u>11-1-1959</u>		26f. REGISTRAR'S SIGNATURE <u>John R. Brooks</u>	
26g. FEDERAL DISPOSITION <u>DAVIDSON</u>		26h. FEDERAL DISPOSITION <u>DAVIDSON</u>	