

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>Beth</u>			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Beth</u>		
b. CITY (if outside corporate limits, write RURAL and give township) <u>Salt Lick Ky.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Salt Lick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS		
3. NAME OF DECEASED (Print) a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Booth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-61</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-5-1880</u>	9. AGE (In years last birthday) <u>80</u>	10. If Under 1 Year: Months <u>7</u> Days <u>21</u> If Under 24 Mos. Hours <u>0</u> Minutes <u>0</u>
10a. USUAL OCCUPATION (Give kind of work, if done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Lizzie Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ova Booth</u>	

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Paroxysmal Thrombosis</u>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (c) stating the underlying cause last.			DUE TO (b)					
			DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>H2O1</u>						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 a. m. <u>Hour</u> p. m. <u>Month, Day, Year</u>		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		STATE

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. DATE SIGNED <u>4-9-1961</u>	22b. ADDRESS <u>Princetonville, Ky.</u>	22c. SIGNATURE (Devisor or attestor) <u>Charles Ray Gregory (Parson)</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-9-61</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jones Cemetery</u>
25a. DATE REC'D BY LOCAL REG. <u>4-9-1961</u>	25b. REGISTRAR'S SIGNATURE <u>Lena R. Brooks</u>	25c. FUNERAL DIRECTOR <u>W. E. Powell</u>
		25d. LOCATION (City, town, or county) <u>Salt Lick, Ky.</u>
		ADDRESS <u>Salt Lick, Ky.</u>

MEDICAL CERTIFICATION