

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

Department of Health  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116  
REGISTRAR'S NO. 17

Registration District No. 5-1 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>Bath</u>		2. USUAL RESIDENCE (Where deceased lived immediately preceding admission) a. STATE <u>Ky</u> b. COUNTY <u>Bath</u>	
b. CITY (If outside corporate limits, give P.O. Box and give street) <u>Salt Lick</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, give P.O. Box, and give township) <u>Salt Lick</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or institution)		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BILL</u> b. (Middle) c. (Last) <u>BUTCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 15, 1910</u>
9. AGE (in years) (Jan 31st)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>47</u>	<u>Laborer</u>	<u>Kentucky</u>	<u>USA</u>
13. FATHER'S NAME <u>William Booth</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Smith</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give address)		16. SOCIAL SECURITY NO. <u>NO</u>	
<u>No</u>		<u>William Pearce</u>	

18. CAUSE OF DEATH (State and give cause for 1a, 1b, 1c, and 1d)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>(Dropped date)</u>		
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201-081-17</u>		

20a. ACCIDENT (Specify) SUICIDE HOMICIDE	20b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, etc.)	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>	20f. HOW DID INJURY OCCUR?

21. I hereby certify that I attended the deceased from Feb 23, 1952 to Mar 2, 1952. That I last saw the deceased alive on MAR 1, 1952, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

22a. DATE SIGNED <u>3/22/52</u>	22b. ADDRESS <u>Ervingville</u>	22c. SIGNATURE (Type or Print) <u>John A. Byrnes, MD</u>
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23a. DATE OF BURIAL OR CREMATION <u>buried</u>	23b. DATE <u>3/11/52</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salt Lick, Bath County, Ky</u>
24a. DATE REC'D BY LOCAL REG. <u>3-22-52</u>	24b. REGISTRAR'S SIGNATURE <u>Wm. Leash Brooker</u>	24c. NUMBER AND ADDRESS OF REGISTRAR <u>Shelby, Ky</u>	