

COMMONWEALTH OF KENTUCKY

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

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 64

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</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 (If outside corporate limits, write RURAL and give township) <u>SALT LICK, Ky</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS	

3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>ROBERTS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1959</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JULY 12 1909</u>	9. AGE (In years last birthday) <u>50</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, omit if retired) <u>HOUSEWIFE</u>	11. BUSINESS OR INDUSTRY <u>00</u>	12. CITIZEN OF (State or Country) <u>USA</u>
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13. FATHER'S NAME <u>HARRISON WILLIAMS</u>	14. MOTHER'S MAIDEN NAME <u>FREELZA ABATISK</u>
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. <u>LUCY TRAYLOR</u>

18. CAUSE OF DEATH State only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto-fatal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Malnutrition</u> DUE TO (c) <u>Auto Rheumatoid Arthritis</u>		<u>6 weeks</u> <u>12 years</u>
11. 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 <u>7320</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1959 in Nov 12, 1959, that I last saw the deceased alive on Nov 12, 1959, and that death occurred at 8:00 AM, from the cause and on the date stated above.

23a. DATE SIGNED <u>11-6-59</u>	23b. ADDRESS <u>Downsville Ky</u>	23c. SIGNATURE <u>Edwin P. Davis MD</u> (Registrar or title)
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24a. MARRIAGE CERTIFICATE NO. (Specify)	24b. DATE <u>Nov 7 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>	24d. LOCATION (City, town, or supply) (State) <u>SALT LICK BATH, KY</u>
25a. DATE SIGNED <u>11-7-59</u>	25b. REGISTRAR'S SIGNATURE <u>Gene R. Brock</u>	25c. SPECIAL DIRECTOR'S ADDRESS <u>Rowell 2200 SALT LICK KY</u>	