

Registration District No. 1310 Primary Registration District No. 8141

1. PLACE OF DEATH a. COUNTY Rowan		2. USUAL RESIDENCE a. STATE Kentucky b. COUNTY Rowan	
b. CITY (if outside corporate limits, write RURAL and give township) Farmers		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN Farmers
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Nancy Brown		a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 15, 1963
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/28/71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 92
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME William Burton		14. MOTHER'S MAIDEN NAME Fannie Elam	
15. WAS DECEASED (Yes or No) No		16. SOCIAL SECURITY NO.	
EVER IN U. S. ARMED FORCES? (If Yes, give year or dates of service)		17. INFORMANT Hobart Brown (Son)	

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Senility		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
2944 Conditions, if any, which gave rise to above cause (a) 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)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <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 Hour Month, Day, Year a. m. p. m.				
21c. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOT 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	COUNTY	STATE
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on May 15, 1963 , and that death occurred at 1 p. m. , from the causes and on the date stated above.				
23a. DATE SIGNED 5/17/63	23b. ADDRESS Morehead, Kentucky	23c. SIGNATURE <i>Paul Jones</i> Coroner (Degree or Title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/63	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) Bath County Kentucky	
25a. DATE REC'D BY LOCAL REG. 5-31-63	25b. REGISTRAR'S SIGNATURE <i>Doris Jean Cudill</i>	25c. FUNERAL DIRECTOR <i>Maudie Stutz</i>	ADDRESS Morehead, Ky.	