

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY <u>BATH</u>		2. USUAL RESIDENCE a. STATE <u>KY</u> b. COUNTY <u>BATH</u>	
b. CITY (If outside corporate limits, write street and city) <u>SALT-licking</u>		c. LENGTH OF STAY (in this place)	c. CITY TOWN <u>SALT-licking</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Midland</u>		d. STREET ADDRESS <u>Midland</u>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) <u>ELSIE - EUE MYNHIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 - 1960</u>	IS RESIDENCE IN CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC-24-1887</u>
9. AGE (in years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OO</u>	9. AGE (in years last birthday) <u>72</u>
11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>JAMES HARRY</u>	
14. MOTHER'S MAIDEN NAME <u>AMERICA MYERS</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>LOUCILLE - EVANS</u>	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Acute Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u>		<u>years</u>
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X

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 Hour _____ a. m. _____ p. m. _____			
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 COUNTY STATE

22. I hereby certify that I attended the deceased from June 1958 to Nov 1960, that I last saw the deceased alive on Nov 13 1960, and that death occurred at 12 AM from the causes and on the date stated above.

23a. DATE SIGNED <u>11-15-60</u>	23b. ADDRESS <u>Covington Ky</u>	23c. SIGNATURE <u>Eugene K. Brooks MD</u>	(Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov-16-1960</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BATH KY</u>
25a. DATE REC'D BY LOCAL OFFICE <u>11-16-1960</u>	25b. REGISTRAR'S SIGNATURE <u>Eugene K. Brooks</u>	26. FUNERAL DIRECTOR <u>Bruce & Son</u>	ADDRESS <u>BATH KY</u>