

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH

a. COUNTY

BATH

2. USUAL RESIDENCE

(Where deceased lived, if institution; residence before admission)

a. STATE

KY

b. COUNTY

BATH

b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN

SALT-lick

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

SALT-lick, KY

IS RESIDENCE ON A FARM?

YES NO

d. FULL NAME OF HOSPITAL OR INSTITUTION (if not in hospital or institution, give street address or location)

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS?

YES NO

3. NAME OF DECEASED

(Type or Print)

BEE RUNNER

BEE RUNNER

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)

JUNE 16-1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL-26-1892

9. AGE (in years last birthday)

70

If Under 1 Year

If Under 64 Hrs.

Months Days Hours Min.

1 25

10a. USUAL OCCUPATION (Give kind of work, or during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

U SA

13. FATHER'S NAME

JOHN-RUNNER

14. MOTHER'S MAIDEN NAME

MOLLIE VANMETER

15. WAS DECEASED (Sex, age, or unknown)

EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOE RUNNER

13. CAUSE OF DEATH

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

4-21

Personnel Poisoning

DUE TO (b)

Y

DUE TO (c)

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

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 NO

20. ACCIDENT

SUICIDE

HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 13.)

21b. TIME OF INJURY

Hour Month, Day, Year

21c. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

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 19, and that death occurred at m., from the causes and on the date stated above.

23a. DATE SIGNED

23b. ADDRESS

23c. SIGNATURE

(Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

JUNE 19-1963, JOHN S O'BAN

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

SALT-lick, BATH, KY

25a. DATE REC'D BY LOCAL REG.

25b. REGISTRAR'S SIGNATURE

25c. FUNERAL DIRECTOR

ADDRESS

Jewell & Son, SALT-lick KY