

Registration District No. 1310 Primary Registration District No. 8149

1. PLACE OF DEATH a. COUNTY <u>BOWMAN</u>		2. USUAL RESIDENCE (Where deceased lived, immediately preceding death) a. STATE <u>KY</u> b. COUNTY <u>BOWMAN</u>	
b. CITY (or village, unincorporated town, or place having local government) <u>FARMERS</u>	c. LENGTH OF RESIDENCE (in years) <u>20</u>	c. CITY (or village, unincorporated town, or place having local government) <u>FARMERS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if rural, give location)	
3. NAME OF DECEASED a. (First) <u>LOWANIE</u> b. (Middle) <u>TURPIN</u> c. (Last)		e. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1949</u>	
f. SEX <u>FEMALE</u>	g. COLOR OR RACE <u>WHITE</u>	h. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	i. DATE OF BIRTH (Month) (Day) (Year) <u>Jan 25 1929</u>
j. USUAL OCCUPATION (Give kind of work done during week of death; if none, if retired)		k. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	l. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>
m. CITIZENSHIP OF DECEASED <u>USA</u>		n. CITIZENSHIP OF DECEASED <u>USA</u>	
11. FATHER'S NAME <u>Doc - ONEY</u>		12. MOTHER'S MAIDEN NAME <u>Emma - Jordan</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, see no. of service)	14. SOCIAL SECURITY NO.	15. INFORMANT <u>Mrs. L. Arnett</u>	
16. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANTICIPANT CAUSES</u>		INTERNAL BETWEEN MOUTH AND HEATH <u>5 days</u>	
*This does not mean the result of direct such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.		DOE TO (b) <u>Pneumonia</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)		DOE TO (c) <u>Yes</u>	
17a. DATE OF OPERATION	17b. MAJOR FINDINGS OF OPERATION <u>492X-10910</u>	18. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. ACCIDENT (Suicide, Homicide)	19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place)	19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
20a. TIME OF INJURY	20b. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT HOME <input type="checkbox"/>	20c. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I kept her alive until _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
22a. DATE SIGNED <u>6-4-49</u>	22b. ADDRESS <u>morehead</u>	22c. SIGNATURE <u>Dr. Fred W. Evans Health Office</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 5 1949</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Central</u>	23d. LOCATION (City, town, or county) (State) <u>Midway, Boyle Ky</u>
24. DATE REC'D BY LOCAL REG. <u>6-14-49</u>	25. REGISTRAR'S SIGNATURE <u>Wm. C. Young</u>	26. REGISTRAR'S OFFICE <u>Morehead, Ky</u>	