

Registration District No. 500 Primary Registration District No. 2165

1. PLACE OF DEATH a. COUNTY Fayette		2. USUAL RESIDENCE a. STATE Kentucky b. COUNTY Fayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY OR TOWN Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS R 5, Richmond Road	
3. NAME OF DECEASED (Type or Print) Sarrepta Jane Ballard		4. DATE OF DEATH (Month) (Day) (Year) January 27, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 88	
11. BIRTHPLACE (State or foreign country) Bath Co., Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Fergram		14. MOTHER'S MAIDEN NAME Mary Jane Crotch	
15. WAS DECEASED (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Robert Ballard			

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilateral pneumonia		INTERVAL BETWEEN ONSET AND DEATH 8-10 days 4 years
DUE TO (b) Emphysema		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) **490 X - 089-20**

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 Hour Month Month Day Day Year Year			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21d. PLACE OF INJURY (a. p., 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 **1/21**, 19**57**, to **1/27**, 19**57**, that I last saw the deceased alive on **1/26**, 19**57**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED 3/1/57	23b. ADDRESS Lexington, Kentucky	23c. SIGNATURE James B. Sears, M.D.	(Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/29/57	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) Salt Lick, Kentucky
25a. DATE REC'D BY 2/1/57	25b. REGISTRAR'S SIGNATURE HARRY K. DILLARD, M. D.	26. FUNERAL DIRECTOR Kerr Brothers	ADDRESS Lexington, Ky.

MEDICAL CERTIFICATION

Flora Jones