

Dr. Green

FORM V.S. NO. 1-A
REV. 1-55
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 58- 4798

REGISTRAR'S NO. 415

Registration District No. 500

Primary Registration District No. 2165

1. PLACE OF DEATH

a. COUNTY

Boyetto

2. USUAL RESIDENCE

a. STATE Kentucky

(Where deceased lived. If institutional residence before admission)

b. COUNTY Bath

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

c. LENGTH OF STAY (In state place) 2 Mo

c. CITY OR TOWN Salt Lick

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) Central Baptist Hospital

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS? YES NO

3. NAME OF DECEASED

(Type or Print)

Francis

Barbara

Roberts

4. DATE OF DEATH

March 18, 1958

(Month) (Day) (Year)

5. SEX

Female

6. COLOR OR RACE

White

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

Married

8. DATE OF BIRTH

Aug. 9, 1931

9. AGE (In years)

26

If Under 1 Year

If Under 24 Mths.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert Hayes

14. MOTHER'S MAIDEN NAME

Mattie Serrall

15. WAS DECEASED (Yes, No, Unknown)

Yes

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

No

16. SOCIAL SECURITY NO.

1753-057-126

17. INFORMANT

Werna Roberts

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

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

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

Malignant Squamous Cell

DUE TO (c)

Tumor of Left Ovary

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 18.)

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 last time 2-27- 1958 to 3-21- 1958 that I last saw the deceased alive on 3-21- 1958 and that death occurred at P m., from the causes and on the date stated above.

23a. DATE SIGNED

3-25-58

23b. ADDRESS

Lexington Ky

23c. SIGNATURE

George L. Greene, MD (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

March 21, 1958

24c. NAME OF CEMETERY OR CREMATORY

Jones Cemetery

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

Salt Lick - Ky

25a. DATE RECD BY LOCAL REG.

3/27/58

25b. REGISTRAR'S SIGNATURE

Florence Jones

26. FUNERAL DIRECTOR

Powell and Son - Salt Lick, Ky ADDRESS