

Registration District No. 50 Primary Subdistrict District No. 4081

1. PLACE OF DEATH

(a) County BATH

(b) City or town SALT-LICK Ky

(c) Name of hospital or institution (If death occurred in home, write name)

(d) Length of stay in hospital or institution (If not in hospital or institution, write street number or location)

(e) Length of stay in hospital or community (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KY (b) County BATH

(c) City or town SALT-LICK Ky (d) Name of street or lane (omit street name)

(e) Street No. \_\_\_\_\_ (f) Rural give precinct

(g) If foreign born, was long in U. S. A.? YES

3(a) FULL NAME JESSE BRANHAM

3(b) If natural, Name and No. (Social Security No.)

4. Sex MALE Color WHITE (a) Single Never (b) Married MARRIED

5(a) Name of husband or wife LUCY BRANHAM

5(b) Age of husband or wife at date of death 74 years

6. Date of death May 22 1968

7. Age: 72 years 3 months 25 days

8. Birthplace KENTUCKY

9. Usual occupation FARMER

10. Industry or business \_\_\_\_\_

11. Name RICHARD BRANHAM

12. Birthplace KENTUCKY

13. Maiden name CYNTHIA TSON

14. Birthplace KENTUCKY

15(a) Informant's name Shirley Branham

15(b) Address SALT-LICK

16. BURIAL, CREMATION, OR REMOVAL

(a) Place JONES CEM Date FEB 20 1968

(b) Signature of funeral director Thomas Small

(c) Address SALT-LICK Ky

(d) Date received of death certificate March 1, 1968 (e) Registrar's Signature Thomas Small

MEDICAL CERTIFICATION

17. DATE OF DEATH FEB 17 1968

18. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ that I last saw the above named person on 2-16 1968 and that death occurred on the day stated above at 10 P.M.

Immediate cause of death Cardiac failure DURATION \_\_\_\_\_

Due to Arricular fibrillation with decompensation

Other conditions (Include pregnancy status if pertinent to death)

Major findings: Of specimens 75A

19. If death was due to external causes, fill in the following:

(a) Accident, violence, or homicide (specify) \_\_\_\_\_

(b) Date of commission \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial plant, in public place? \_\_\_\_\_

(d) Nature of injury \_\_\_\_\_

(e) Date of injury \_\_\_\_\_

20. Signature A. C. Reynolds M.D. Date signed 2-20-68

MARGIN RESERVED FOR BIRTHING

PLEASE WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.