

Registration District No. **50** Primary Registration District No. **4081**

1. PLACE OF DEATH a. COUNTY BATH CO.		2. USUAL RESIDENCE a. STATE KY b. COUNTY BATH	
b. CITY (if outside corporate limits, write MURAL and give township) SALT-LICK, KY		c. LENGTH OF STAY (in table place) c. CITY OR TOWN SALT-LICK, KY IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ARTHA R HARPER		4. DATE OF DEATH (Month) (Day) (Year) DEC-24-1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 7-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SO	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ORIM HARPER		14. MOTHER'S MAIDEN NAME MARGUETT CROUCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, do, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. BILL WILLIAMS		INTERVAL BETWEEN ONSET AND DEATH	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Apoplexy -		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Conditions, if any, which gave rise to above cause (c) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
	DUE TO (c) none		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetic Mellitus - 334 X			
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 Month, Day, Year a. m. p. m.			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 **1947**, 19__ to **12/28**, 19**60**, that I last saw the deceased alive on **12/28**, 19**60**, and that death occurred at ___ m., from the causes and on the date stated above.

23a. DATE SIGNED 12/31/60	23b. ADDRESS Dwightville, Ky.	23c. SIGNATURE Robin A. Byers, M.D.
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE DEC 31-1960	24c. NAME OF CEMETERY OR CREMATORY JAMES CEM.
24d. LOCATION (City, town, or county) (State) SALT-LICK BATH, KY	25a. DATE REC'D BY LOCAL OFFICE 12-31-1960	25b. REGISTRAR'S SIGNATURE Renee R. Brooks
26. SUPERVISOR'S SIGNATURE Paul M. & Son		26. SUPERVISOR'S ADDRESS SALT-LICK Ky