

Registration District No. **500** Primary Registration District No. **2163**

1. PLACE OF DEATH a. COUNTY <b>JAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KY</b> b. COUNTY <b>BATH</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN LEXINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SALT-LICK</b> <b>006</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of) HOSPITAL OR INSTITUTION <b>GOOD SAMARITAN</b>		d. STREET ADDRESS (If rural, give location) <b>07</b>	

3. NAME OF DECEASED a. (First) <b>JAMES M. LITTEBACK</b> (Type or Print)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 26-54</b>	
e. SEX <b>MALE</b>		f. COLOR OR RACE <b>WHITE</b>		g. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG 15 1889</b>	
9. AGE (In years last birthday) <b>71</b>		10. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>		11. BIRTHPLACE (State or foreign country) <b>71</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10c. KIND OF BUSINESS OR INDUSTRY <b>11</b>		11. BIRTHPLACE (State or foreign country) <b>71</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13. FATHER'S NAME <b>WINFORD LITTEBACK</b>		14. MOTHER'S MAIDEN NAME <b>NANCY CARPENTER</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <b>NO</b>		17. INFORMANT <b>BILLY LITTEBACK</b>	
16. SOCIAL SECURITY NO. <b>403420992</b>		17. INFORMANT <b>BILLY LITTEBACK</b>	

18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of tail of pancreas</b>		b. <b>with metastasis to liver</b>		<b>unknown</b>	
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		157X-057-14			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>3/23/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>had mass in tail of pancreas + nodules in liver - traces in adrenals</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		21b. PLACE OF INJURY (a.s., in or about home, farm, factory, street, office Bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3/20/54</b> , 19__ to <b>3/26/54</b> , 19__, that I last saw the deceased alive on <b>3/26/54</b> , 19__, and that death occurred at <b>8:45 P.M.</b> m. from the causes and on the date stated above.					

23a. DATE SIGNED <b>3/20/54</b>		23b. ADDRESS <b>200 W-2nd St Lexington Ky</b>		23c. SIGNATURE (Degree or title) <b>James C. Purines Sr. &amp;</b>	
24a. BURIAL CREMATION (Specify) <b>BURIAL</b>		24b. DATE <b>MARCH 29 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>JONES CEM</b>	
24d. LOCATION (City, town, or county) (State) <b>(SALT-lick BATH KY)</b>		24e. FUNERAL DIRECTOR <b>James C. Purines Sr. &amp;</b>		24f. ADDRESS <b>200 W-2nd Lexington Salt Lick, KY</b>	
25a. DATE REC'D BY <b>4/5/54</b>		25b. REGISTRAR'S SIGNATURE <b>W. H. ...</b>		25c. REGISTRAR'S ADDRESS	