

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH

a. CITY

BAT H

2. USUAL RESIDENCE

(Where deceased lived. If institution, residence where administered)

a. STATE

KY

b. COUNTY

BAT H

b. CITY

SALT-lick, KY

c. LENGTH OF STAY (in this place)

c. CITY

SALT-lick, KY

d. RESIDENCE ON A FARM?

YES ☐ NO ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

d. STREET ADDRESS

IS RESIDENCE INSIDE CITY LIMITS?

YES ☐ NO ☐

3. NAME OF DECEASED

(Type or Print)

a. (First)

JOE

b. (Middle)

UTTERBACK

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

NOV. 10-1961

5. SEX

6. COLOR OR RACE

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

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year If Under 24 Yrs.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

SCOTT-UTTERBACK

14. MOTHER'S MAIDEN NAME

NANCY CARPENTER

15. WAS DECEASED (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. USUAL RESIDENCE

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

20. ACCIDENT

SUICIDE

HOMICIDE

21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

21b. CITY, TOWN, OR LOCATION

COUNTY

STATE

21c. INJURY OCCURRED 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

21f. DATE OF INJURY

21g. TIME OF INJURY

21h. PLACE OF INJURY

21i. CITY, TOWN, OR LOCATION

COUNTY

STATE

21j. DATE OF INJURY

21k. TIME OF INJURY

21l. PLACE OF INJURY

21m. CITY, TOWN, OR LOCATION

COUNTY

STATE

21n. DATE OF INJURY

21o. TIME OF INJURY

21p. PLACE OF INJURY

21q. CITY, TOWN, OR LOCATION

COUNTY

STATE

21r. DATE OF INJURY

21s. TIME OF INJURY

21t. PLACE OF INJURY

21u. CITY, TOWN, OR LOCATION

COUNTY

STATE

21v. DATE OF INJURY

21w. TIME OF INJURY

21x. PLACE OF INJURY

21y. CITY, TOWN, OR LOCATION

COUNTY

STATE

21z. DATE OF INJURY

22a. TIME OF INJURY

22b. PLACE OF INJURY

22c. CITY, TOWN, OR LOCATION

COUNTY

STATE

22d. DATE OF INJURY

22e. TIME OF INJURY

22f. PLACE OF INJURY

22g. CITY, TOWN, OR LOCATION

COUNTY

STATE

22h. DATE OF INJURY

22i. TIME OF INJURY

22j. PLACE OF INJURY

22k. CITY, TOWN, OR LOCATION

COUNTY

STATE

22l. DATE OF INJURY

22m. TIME OF INJURY

22n. PLACE OF INJURY

22o. CITY, TOWN, OR LOCATION

COUNTY

STATE

22p. DATE OF INJURY

22q. TIME OF INJURY

22r. PLACE OF INJURY

22s. CITY, TOWN, OR LOCATION

COUNTY

STATE

22t. DATE OF INJURY

22u. TIME OF INJURY

22v. PLACE OF INJURY

22w. CITY, TOWN, OR LOCATION

COUNTY

STATE

22x. DATE OF INJURY

22y. TIME OF INJURY

22z. PLACE OF INJURY

23a. CITY, TOWN, OR LOCATION

COUNTY

STATE

23b. DATE OF INJURY

23c. TIME OF INJURY

23d. PLACE OF INJURY

23e. CITY, TOWN, OR LOCATION

COUNTY

STATE

23f. DATE OF INJURY

23g. TIME OF INJURY

23h. PLACE OF INJURY

23i. CITY, TOWN, OR LOCATION

COUNTY

STATE

23j. DATE OF INJURY

23k. TIME OF INJURY

23l. PLACE OF INJURY

23m. CITY, TOWN, OR LOCATION

COUNTY

STATE

23n. DATE OF INJURY

23o. TIME OF INJURY

23p. PLACE OF INJURY

23q. CITY, TOWN, OR LOCATION

COUNTY

STATE

23r. DATE OF INJURY

23s. TIME OF INJURY

23t. PLACE OF INJURY

23u. CITY, TOWN, OR LOCATION

COUNTY

STATE

23v. DATE OF INJURY

23w. TIME OF INJURY

23x. PLACE OF INJURY

23y. CITY, TOWN, OR LOCATION

COUNTY

STATE

23z. DATE OF INJURY

24a. TIME OF INJURY

24b. PLACE OF INJURY

24c. CITY, TOWN, OR LOCATION

COUNTY

STATE

24d. DATE OF INJURY

24e. TIME OF INJURY

24f. PLACE OF INJURY

24g. CITY, TOWN, OR LOCATION

COUNTY

STATE

24h. DATE OF INJURY

24i. TIME OF INJURY

24j. PLACE OF INJURY

24k. CITY, TOWN, OR LOCATION

COUNTY

STATE

24l. DATE OF INJURY

24m. TIME OF INJURY

24n. PLACE OF INJURY

24o. CITY, TOWN, OR LOCATION

COUNTY

STATE

24p. DATE OF INJURY

24q. TIME OF INJURY

24r. PLACE OF INJURY

24s. CITY, TOWN, OR LOCATION

COUNTY

STATE

24t. DATE OF INJURY

24u. TIME OF INJURY

24v. PLACE OF INJURY

24w. CITY, TOWN, OR LOCATION

COUNTY

STATE

24x. DATE OF INJURY

24y. TIME OF INJURY

24z. PLACE OF INJURY

25a. CITY, TOWN, OR LOCATION

COUNTY

STATE

25b. DATE OF INJURY

25c. TIME OF INJURY

25d. PLACE OF INJURY

25e. CITY, TOWN, OR LOCATION

COUNTY

STATE

25f. DATE OF INJURY

25g. TIME OF INJURY

25h. PLACE OF INJURY

25i. CITY, TOWN, OR LOCATION

COUNTY

STATE

25j. DATE OF INJURY

25k. TIME OF INJURY

25l. PLACE OF INJURY

25m. CITY, TOWN, OR LOCATION

COUNTY

STATE

25n. DATE OF INJURY

25o. TIME OF INJURY

25p. PLACE OF INJURY

25q. CITY, TOWN, OR LOCATION

COUNTY

STATE

25r. DATE OF INJURY

25s. TIME OF INJURY

25t. PLACE OF INJURY

25u. CITY, TOWN, OR LOCATION

COUNTY

STATE

25v. DATE OF INJURY

25w. TIME OF INJURY

25x. PLACE OF INJURY

25y. CITY, TOWN, OR LOCATION

COUNTY

STATE

25z. DATE OF INJURY

26a. TIME OF INJURY

26b. PLACE OF INJURY

26c. CITY, TOWN, OR LOCATION

COUNTY

STATE

26d. DATE OF INJURY

26e. TIME OF INJURY

26f. PLACE OF INJURY

26g. CITY, TOWN, OR LOCATION

COUNTY

STATE

26h. DATE OF INJURY

26i. TIME OF INJURY

26j. PLACE OF INJURY

26k. CITY, TOWN, OR LOCATION

COUNTY

STATE

26l. DATE OF INJURY

26m. TIME OF INJURY

26n. PLACE OF INJURY

26o. CITY, TOWN, OR LOCATION

COUNTY

STATE

26p. DATE OF INJURY

26q. TIME OF INJURY

26r. PLACE OF INJURY

26s. CITY, TOWN, OR LOCATION

COUNTY

STATE

26t. DATE OF INJURY

26u. TIME OF INJURY

26v. PLACE OF INJURY

26w. CITY, TOWN, OR LOCATION

COUNTY

STATE

26x. DATE OF INJURY

26y. TIME OF INJURY

26z. PLACE OF INJURY

27a. CITY, TOWN, OR LOCATION

COUNTY

STATE

27b. DATE OF INJURY

27c. TIME OF INJURY

27d. PLACE OF INJURY

27e. CITY, TOWN, OR LOCATION

COUNTY

STATE

27f. DATE OF INJURY

27g. TIME OF INJURY

27h. PLACE OF INJURY

27i. CITY, TOWN, OR LOCATION

COUNTY

STATE

27j. DATE OF INJURY

27k. TIME OF INJURY

27l. PLACE OF INJURY

27m. CITY, TOWN, OR LOCATION

COUNTY

STATE

27n. DATE OF INJURY

27o. TIME OF INJURY

27p. PLACE OF INJURY

27q. CITY, TOWN, OR LOCATION

COUNTY

STATE