

Registration District No. 1070

Primary Registration District No. 2425

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY CO.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in case place)	a. STATE <u>KY</u>		b. COUNTY <u>BATA</u>
b. CITY <u>MT. STERLING</u>		c. LENGTH OF STAY <u>45 MINUTES</u>	c. CITY OR TOWN <u>SALT LICK, KY.</u>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>MARY CHILDS HOSPITAL</u>			d. STREET ADDRESS (If residence inside city limits?)		
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>			b. (Middle)	c. (Last) <u>WEBB</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 - 1961</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec-9-1911</u>	9. AGE (in years last birthday) <u>49</u>	If Under 1 Year Month Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>EDGAR WEBB</u>			14. MOTHER'S MAIDEN NAME <u>MAY-YOUNG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>WAR - No IT</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>VIVA WEBB</u>		

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>4201</u>		<u>CORONARY OCCLUSION</u>		<u>INCEN</u>	
Conditions, (if any, which gave rise to above cause (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY DISEASE CONDITION GIVEN IN PART I (a)					

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 1946 to Oct. 21, 1961, that I last saw the deceased alive on Oct. 21, 1961, and that death occurred at 11: P. m., from the causes and on the date stated above.

23a. DATE SIGNED <u>10/24/61</u>	23b. ADDRESS <u>Dwightville, Ky.</u>	23c. SIGNATURE (Degree or title) <u>John A. Eason, MD</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct-24-1961</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES-CEMETERY</u>	24d. LOCATION (City, town, county) (State) <u>SALT LICK, BATA CO., KY.</u>
25a. DATE REC'D BY <u>10-24-61</u>	25b. REGISTRAR'S SIGNATURE <u>Bertie P. Dale</u>	26. FUNERAL DIRECTOR (Name and address) <u>Buell & Son SALT LICK KY.</u>	