

1. PLACE OF DEATH a. COUNTY BATH		2. USUAL RESIDENCE (Where deceased lived immediately preceding admission) a. STATE KY b. COUNTY BATH	
b. CITY OR TOWN SALT-LICK	c. LENGTH OF STAY (in this place)	a. CITY OR TOWN SALT-LICK	d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED a. (First) MINNIE-ALICE b. (Middle) GOLDIE c. (Last) GOLDIE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 2 1951	
e. SEX FEMALE	f. COLOR OR RACE WHITE	g. MARRIAGE STATUS (Specify) WIDOWED	h. DATE OF BIRTH 1892
i. USUAL OCCUPATION (Give kind of work done continuously or seasonally) HOUSEWIFE		j. KIND OF BUSINESS OR INDUSTRY	k. BIRTHPLACE (State or foreign country) KENTUCKY
l. FATHER'S NAME JEFF GOLDIE		m. MOTHER'S MARRIAGE NAME UNKNOWN	
n. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or date of service)		o. SOCIAL SECURITY NO.	
p. CAUSE OF DEATH See instructions on back of form		17. INFORMANT BUD GOLDIE	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____	
19. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION 201-01	
21. ACCIDENT (Specify) SUICIDE		22. PLACE OF INJURY (a. b. or c.) (City, town, farm, street, address, etc.)	
23. TIME OF INJURY		24. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		26. HOW DID INJURY OCCUR?	
27. I hereby certify that I attended the deceased from 1/1 1950 to 3/2 1951 that I last saw the deceased alive on 3/2 1951 , and that death occurred at 8:20 p.m. from the causes and on the date stated above.			
28. DATE SIGNED 3/4/51		29. SIGNATURE Robin A. Byron, M.D.	
30. ADDRESS Wingfield Ky		31. NAME OF CEMETERY OR CREMATORY JONES CEM	
32. DATE OF BURIAL MARCH 4		33. LOCATION (City, town, county) (State) SALT-LICK BATH KY	
34. DATE REC'D BY LOCAL REG 3/24/51		35. REGISTRAR'S SIGNATURE W. B. B. B. B.	
36. FUNERAL DIRECTOR'S ADDRESS W. B. B. B. B.		37. FUNERAL DIRECTOR'S SIGNATURE W. B. B. B. B.	