

FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

 Department of Health
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILE NO. 116

59 3974

REGISTRAR'S NO. 17

Registration District No. 50

Primary Registration District No. 2025

1. PLACE OF DEATH a. COUNTY <u>BATH</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>KY</u> b. COUNTY <u>BATH</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) <u>GUINNESSVILLE, KY</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL, and give township) <u>SALT-lick, KY</u>		d. STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED a. (First) <u>JOE</u> b. (Middle) <u>WIGHTMAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20-1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 15-1872</u>	9. AGE (In years last birthday) <u>87</u>	If Under 1 Year: <u>7</u> Months <u>3</u> Weeks <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during past or working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>34</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHICH COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>JOE WIGHTMAN</u>			14. MOTHER'S MAIDEN NAME <u>UN KANG WIV</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>LOVEY TRAYLOIP</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
*This does not mean the mode of dying, such as heart failure, suffocation, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Cerebral Vascular Accident</u>		10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO <u>Arteriosclerotic Heart Disease</u>		years		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 - 2 - 2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>58</u> , to <u>3-20</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>59</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>3-21-59</u>	23b. ADDRESS <u>Buringsville Ky</u>	23c. SIGNATURE (Degree or title) <u>Edwin R. Davis M.D.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MARCH 22 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-LICK BATH KY</u>		
25a. DATE REC'D BY <u>3-22-59</u>	25b. REGISTRAR'S SIGNATURE <u>Lena R. Brooks</u>	26. FUNERAL DIRECTOR <u>Howell & Son</u>	ADDRESS <u>SALT-LICK KY</u>		