

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

 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 72

Registration District No. 50

Primary Registration District No. 2025

1. PLACE OF DEATH a. COUNTY BATH			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE KY b. COUNTY BATH		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAINESVILLE		c. LENGTH OF STAY (In this place) 3 dm	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GALT-LICK KY		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or institution) LILLA CREST, NORTON ST			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) BESSIE (Type or Print)			b. (Middle) TEAL		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) DEC 16 1958					
5. SEX FEMALE	6. COLOR OR RACE? WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC-16-1890	9. AGE (In years last birthday) 68	10. INTERVAL BETWEEN DEATH AND BIRTH Months Days Hours Mins
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11b. KIND OF BUSINESS OR INDUSTRY DUSTY		11. BIRTHPLACE (State or foreign country) KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME ELIGA TEAL			14. MOTHER'S MAIDEN NAME LILLA SWIND		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ETHEL STONE
18. CAUSE OF DEATH Reason only may occur for (a), (b), and (c)			19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE PNEUMONIA		*INTERVAL BETWEEN ONSET AND DEATH
19a. ANTECEDENT CAUSES			19b. MORBID CONDITIONS, (If any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication to which it caused death.			19c. DUE TO (c)		
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Senile Dementia, Severe		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION S...X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (a.e., in or about house, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <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 1947 , 19 to 12/16 , 19 58 that I last saw the deceased alive on 12/16 1958 and that death occurred at ... from the causes and on the day stated above.					
23a. DATE SIGNED		23b. ADDRESS ...		23c. SIGNATURE ... (Degree or title)	
24a. BURIAL CEMETERY (Specify) BETHEL		24b. DATE DEC 17 1958		24c. NAME OF CEMETERY OR CREMATORY JONES Cem	
24d. LOCATION (City, town, or county) (State) BATH KY		24e. REGISTRAR'S SIGNATURE ...			
24f. DATE NOTED BY ...		24g. REGISTRAR'S SIGNATURE ...		24h. FUNERAL DIRECTOR ... ADDRESS ...	