

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 55-17355

REGISTRAR'S NO. 50

Registration District No. 50

Primary Registration District No. 4081

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) OR TOWN <u>SALT-lick</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALT-lick</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (if not in hospital or institution, give street address or hospital or institution)		d. STREET ADDRESS	

3. NAME OF DECEASED a. (First) <u>SARAH</u> (Type or Print)		b. (Middle) <u>JABOR</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE? <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 25-1871</u>	9. AGE (In years last birthday) <u>74</u>	10. If Under Months <u>2</u>	11. If Under Days <u>30</u>	12. If Under Hours <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>85</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		17. INFORMANT <u>LEE JABOR</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial Infarction</u>		2. REASON FOR DEATH <u>Stem Coronary</u>		3. INTERVAL <u>2 MO</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X-070-14</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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 to 9/23/55, that I last saw the deceased alive on 9/23, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. DATE SIGNED <u>9/23/55</u>	23b. ADDRESS <u>Dringsville</u>	23c. SIGNATURE <u>Robert A. Brown, MD</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>DECEASED</u>	24b. DATE <u>SEPT 25 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CENES, PENN</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-lick - BATH KY</u>
25a. DATE REC'D BY <u>9-23-55</u>	25b. REGISTRAR'S SIGNATURE <u>Jessie Brooks</u>	25c. FUNERAL DIRECTOR <u>Paul &amp; Son Salt lick KY</u> ADDRESS	