13127

Form V. S. 1-A
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

State File No. 13127
Registrar's No. 50

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY: BATH
b. CITY OR TOWN: SALT-LICK
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE a. STATE: Ky b. COUNTY: BATH
c. CITY OR TOWN: SALT-LICK
d. STREET ADDRESS:

3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) WAYNE c. (Last) FICKLIN
4. DATE OF DEATH: July 6 1949
5. SEX: MALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH:
9. AGE (In years last birthday): 45 (Months) 3
10a. USUAL OCCUPATION:
10b. KIND OF BUSINESS OR INDUSTRY: LABOR
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DAVID FICKLIN
14. MOTHER'S MAIDEN NAME: LAURA - CROUCH
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: Lena Fickling

### MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. 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: 002X - 13B
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, *to* June, 1949 *that I last saw the deceased alive on* ________, 1949 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. DATE SIGNED: 7/26/49
23b. ADDRESS: Owingsville Ky
23c. SIGNATURE: Robin A. Byron (Degree or title) MD

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: July 8 1949
24c. NAME OF CEMETERY OR CREMATORY: Jones Cem
24d. LOCATION (City, town, or county) (State): Saltlick Ky

25a. DATE REC'D BY LOCAL REG.: 8/1/49
25b. REGISTRAR'S SIGNATURE: Mrs Pearl Brown
26. FUNERAL DIRECTOR: Hearsdearer Hulett
ADDRESS: [illegible]