

FEDERAL BUREAU OF INVESTIGATION
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

104

REGISTRAR'S NO.

Registration District No. 30

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) b. COUNTY <u>BATH</u>	
b. CITY OR TOWN <u>SALT-LICK</u>		c. CITY OR TOWN <u>Salt Lick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>LUCRETIA</u> b. (Middle) <u>HARRIET</u> c. (Last) <u>YATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 11 1951</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MAY 13 - 1875</u>	9. AGE (In years last birthday) <u>75</u>	10. If Under 24 Hrs. (Month) (Day) (Hour) (Min.) <u>8 22</u>
10a. USUAL OCCUPATION (Give kind of work done during time of working life, even if retired) <u>Journalist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>18</u>	11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN BENNETT</u>			14. MOTHER'S MAIDEN NAME <u>UNION</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>FRANCIS HOLMES</u>		

18. CAUSE OF DEATH Enter only one cause (see also for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>3-1X-070-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other place)	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 Feb 9 - 10 1951 to Feb 11 1951, that I last saw the deceased alive on Feb 11, 1951 and that death occurred at 1 P.M. from the causes and on the date stated above.

23a. DATE SIGNED <u>2/13/51</u>	23b. ADDRESS <u>Summit</u>	23c. SIGNATURE (Degree or title) <u>D. C. Dittman M.D.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 16 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DONES CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-LICK</u>
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25a. DATE REC'D BY LOCAL REG. <u>May 24 1951</u>	25b. REGISTRAR'S SIGNATURE <u>Miss Pearl Bratcher</u>	26. FUNERAL DIRECTOR <u>Horner & Powell</u> ADDRESS
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