

Form V. R. 1-2  
**1. PLACE OF DEATH**  
 County Bath  
 Vol. No. 4092  
 Prec. Town \_\_\_\_\_  
 City \_\_\_\_\_

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 16525  
 Registered No. 72

Registration District No. 50  
 Primary Registration District No. 4092  
 (If death occurred in a hospital or institution, give the NAME instead of street and number)

**2. FULL NAME** Deloris Ann Day IF VETERAN, WHAT WAR: \_\_\_\_\_  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If transient, give city of town and state)  
 Length of residence in city or town where death occurred \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (with the word) single

6. DATE OF BIRTH July 6/39

7. AGE Sex \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

8. Trade, profession, or occupation (Specify if any, such as farmer, miner, seaman, soldier, etc.) \_\_\_\_\_

9. Industry or business in which work was done at time of death (Specify if any, such as merchant, clerk, etc.) \_\_\_\_\_

10. How deceased last worked at time of death (Specify if any, such as full, part, etc.) \_\_\_\_\_

11. Was (this death) caused by (the) occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

12. DATE OF DEATH July 6 1959

13. I HEREBY CERTIFY, that I attended deceased from July 6/39 to July 6/39

I last saw DEC. alive on July 5/39. Death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance in order of their importance were as follows:  
159A  
Premature birth Lived about 11 hrs. and in my opinion this child was about 6 1/2 months gestation

Contributory causes of importance not related to principal cause: \_\_\_\_\_

18. BIRTHPLACE Bath Co., Ky.

**FATHER**

19. NAME Ralph Hinton Day

20. BIRTHPLACE V. Va.

**MOTHER**

21. MARRIAGE NAME Virna Eugenia Michael

22. BIRTHPLACE Scott Co., Ky.

23. INFERRANT Mrs. Queen Adams  
 (Address) Salt Lick, Ky.

24. BURIAL CREMATION OR RESIDUAL  
 Place James Cemetery Date July 6 1959

25. UNDERTAKER Barrett & Hoffmann  
 (Address) Salt Lick, Ky.

26. FILED July 8 1959 Miss Rose Bradley  
 (Address) Salt Lick, Ky.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

27. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

28. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) D. C. P. Jones M. D.  
 (Address) Salt Lick, Ky.

MARGIN RESERVED FOR BINDER  
 IN WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—IT SHOULD BE MAINTAINED EXACTLY AS PHYSICIAN AND OTHERS CAUSE OF DEATH IS  
 PLEASE PRINT, SO THAT IT WILL BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS  
 FORMS ON BACK OF CERTIFICATE