

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.

32

Registration District No.

1119

Primary Registration District No.

7581

1. PLACE OF DEATH a. COUNTY Nicholas		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Kentucky b. COUNTY Nicholas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myers Rural Rt. 1.	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myers Rural Rt. #1	d. STREET ADDRESS (If rural, give location) Clay Farm
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence of Daughter			
3. NAME OF DECEASED a. (First) (Type or Print) Thomas		b. (Middle) Snowden	c. (Last) Snowden
4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1883
9. AGE (In years last birthday) 69	If Under 1 Year Months	If Under 1 Year Days	If Under 24 Hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Tenant Farmer	11. BIRTHPLACE (State or foreign country) Bracken Co. Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME George Snowden		14. MOTHER'S MAIDEN NAME Haley Lowe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs. Thomas Snowden
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 4201-081-17	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED 5-17-52	23b. ADDRESS Carlisle, Ky.	23c. SIGNATURE (Degree or title) Garret C. Shearer, Coroner	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/18/1952	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) Salt Lick Kentucky
25a. DATE REC'D BY LOCAL REG. 5-18-52	25b. REGISTRAR'S SIGNATURE Mauda A. Beaman	26. FUNERAL DIRECTOR ADDRESS Mathers - Shearer Carlisle, Ky.	