

FEDERAL SECURITY AGENCY
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

 Department of Health
 BUREAU OF VITAL STATISTICS

 FILE NO. 116 55-5971
40

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2425
 Registration District No. 1070 Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived in institution; residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Bath</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NAT. STERLING</u>	c. LENGTH OF STAY (In this place) <u>81</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Salt lick</u>	d. TOWN <u>CO.</u>
d. FULL NAME (If not in hospital or institution, give street, address or hospital or institution) <u>Mary Charles Ross</u>	d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>LOIS ANN</u> (Type or Print)		b. (Middle) <u>JONES</u>	c. (Last) <u>JONES</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 55</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 21-55</u>
9. AGE (In years last birthday) If Under 1 Year: Months _____ Days _____		10. AGE (In years last birthday) If Under 1 Year: Months _____ Days _____ <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>OC</u>	11. BIRTHPLACE (State or foreign country) <u>KY</u>
12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>ASA JONES</u>		14. MOTHER'S MAIDEN NAME <u>IDA- WELLS</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 State only one cause line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral 5/16 mm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>gout</u>		
	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>776 X - 135-28</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, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <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 3-21 to 3-21, 1955 that I last saw the deceased alive on 3-21, 1955 and that death occurred at 7:00 p.m. from the cause and on the date stated above.

23a. DATE SIGNED <u>3/22/55</u>	23b. ADDRESS <u>Wm. Stealing, Ky</u>	23c. SIGNATURES <u>William A. McNamee, M.D.</u> (Degree or title)
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>March 22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm's Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Salt Lick Ky</u>	25b. REGISTRAR'S SIGNATURE <u>Bessie O. Dale</u>	25c. GENERAL DIRECTOR <u>Cowell & Son - Salt Lick Ky</u>
25a. DATE REC'D <u>3/23/55</u>	25d. LOCAL REG.	25e. ADDRESS