

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

53 7006

FILE NO. 116

REGISTRAR'S NO. 61

Registration District No. 90

Primary Registration District No. 4201

1. PLACE OF DEATH a. COUNTY <b>BOURBON</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <b>KY</b> b. COUNTY <b>BOURBON</b>	
b. CITY (If outside corporate limits, write NEURAL and give locality) <b>SHARPSBURG</b>		c. CITY (If outside corporate limits, write NEURAL and give locality) <b>SHARPSBURG RT 1-</b>	
d. FULL NAME OF (If not NEURAL, give street address or institution) <b>SHARPSBURG</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <b>ELLEN</b> b. (Middle) <b>-</b> c. (Last) <b>MCCARTY</b> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 22 1953</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 5 1875</b>		9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>84</b>	11. BIRTHPLACE (State or foreign country) <b>OLD VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>CLAPPER-PORNETT</b>			14. MOTHER'S MAIDEN NAME <b>LINDA-TRENT</b>		
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. <b>9 R 111-1111</b>		
17. INFORMANT <b>IRVIN-MCCARTY</b>					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</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 <b>331X-070-16</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **Mar 1 1953** to **Mar 28 1953**, that I last saw the deceased alive on **3/27 1953**, and that death occurred at **11 A.M.**, from the causes and on the date stated above.

23a. DATE SIGNED <b>3/30/53</b>	23b. ADDRESS <b>North Middletown Ky</b>	23c. SIGNATURE <b>W. Edwards</b> (Degree or title)
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 30 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>JONES CEM</b>	24d. LOCATION (City, town, or county) (State) <b>Salt Lick Back KY</b>
25a. DATE RECORDED BY LOCAL OFFICE <b>Mch 30 1953</b>	25b. REGISTRAR'S SIGNATURE <b>Lavelle R. Orr</b>	25c. FUNERAL DIRECTOR <b>Rowman &amp; Powell Salt Lick KY</b>	