

Registration District No. 50

Primary Registration District No. 4081

1. PLACE OF DEATH a. COUNTY Booth		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Ky b. COUNTY Booth	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Salt Lick		c. CITY OR TOWN Salt Lick, Ky	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) DAVE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 2-1958	
a. (First) FICKLIN		b. (Middle)	
c. (Last)		5. RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 1/15/16-1870
9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work, some general type, or specify title, grade or retired) LABORER	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CARRETT FICKLIN		14. MOTHER'S MAIDEN NAME MARY FICKLIN	
15. WAS DECEASED (Yes, no, or unknown) YES	16. EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	17. SOCIAL SECURITY NO.	18. INFORMANT HENRY BAZAR

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORONARY OCCLUSIONS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Under nature of injury in Part I or Part II of item 18.)
21b. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	21d. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

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	23b. ADDRESS	23c. SIGNATURE (Give or title) Paul Jones Registrar
24a. BURIAL CREMATORY REMOVAL (Specify) PEARL	24b. DATE DEC 10 1958	24c. NAME OF CEMETERY OR CREMATORY JONES CEM.
25a. DATE RECEIVED BY LOCAL REG. 12-10-1958	25b. REGISTRAR'S SIGNATURE Gene P. Hooks	25c. FEDERAL DIRECTOR'S ADDRESS Paul Jones (SALT LICK KY)

MEDICAL CERTIFICATION