

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

FILE NO. 116 52 8513

REGISTRAR'S NO. 34

Registration District No. 1310 Primary Registration District No. 2505

1. PLACE OF DEATH a. COUNTY <u>POWAN</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>NY</u> b. COUNTY <u>BATH</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>MOBEHEAD</u>		c. LENGTH OF STAY (in this place)	a. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>SALT-LICK</u> <u>006</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)			d. STREET ADDRESS		
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>BOOTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>MAY 5 1887</u>	9. AGE (In years last birthday)	10. AGE (In years last birthday)
<u>63</u>	<u>11</u>	<u>2</u>	<u>2</u>	<u>11</u>	<u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>20</u>	11. BIRTHPLACE (State or foreign country) <u>W. V. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>UNKNOWN</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>SALLEY BOOTH</u>		
18. CAUSE OF DEATH (See only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
*This does not mean the mode of dying such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____	
	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>4201-081-17</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 building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 <u>4-7</u> , 19 <u>52</u> , to <u>4-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>52</u> , and that death occurred at <u>4:20 p.</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>4-8-52</u>	23b. ADDRESS <u>W. V. A.</u>		23c. SIGNATURE (Ingram or title) <u>G. L. ...</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SALT-LICK BATH. NY</u>		
25a. DATE REC'D BY LOCAL REG. <u>4-8-52</u>	25b. REGISTRAR'S SIGNATURE <u>...</u>	26. FUNERAL DIRECTOR <u>Howard & Powell, Salt Lick</u>			