

# Registrar of Vital Statistics

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FORM V.S. NO. 1-A  
(REV. 1/68)

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF HEALTH  
OFFICE OF VITAL STATISTICS  
CERTIFICATE OF DEATH

76 5333

FILE NO. 116

REGISTRAR'S NO. 5,941

Registration District No. **755** Primary Registration District No. **6101**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Mrs. Ruby T. Hill					2. Female	3. February 25, 1976	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 82	5b. MOS. DAYS	5c. HOURS MIN.	6. 6-4-93	7a. Jefferson	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Louisville			7c. Yes	7d. 3403 Richmond Drive 42			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Kentucky		9. U.S.A.		10. Widow	11.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 404-05-6568		13a. Housewife			13b.		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Ky.	14b. Jeff.	14c. Louisville		14d. Yes	14e. 3403 Richmond Dr.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Ernest Watkins					16. Gertrude Gilliam		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Wanda Hardin				17b. 2031 Alexander Avenue 40217			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. 407		(a) Terminal Myocardial Infarction				hours	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Arteriosclerotic Heart Disease				years	
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						19a. no	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.	20h.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
I ATTENDED THE DECEASED FROM		TO		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a.		21b.		21c.		21d.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	YEAR	HOUR
22a.				M.	22b.	YEAR	M.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. W. T. Thompson, M. D.		23b. [Signature]		MD	23c. 2-3-76		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23d. 1403 Youngstown Drive, Jeffersonville, Indiana		47130					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION				
24a. Burial	24b. Cave Hill Cemetery		24c. Louisville, Kentucky				
DATE (MONTH, DAY, YEAR)	FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)				
24d. 2-28-76	25a. Arch L. Heady and Son, 1201 E. Oak St.						
NAME OF EMBALMER	(LIC. NO.)	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
25b. L. Callahan 3872		26a. [Signature]	26b. MAR 4 1976				

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 10th day of March, 1976.

*Barbara F. White*

Barbara F. White, State Registrar