

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

FILE NO. 116-56-1103-891
REGISTRAR'S NO. 2275

Registration District No. 755 Primary Registration District No. 2275

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisville		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1748 Shady Lane		c. CITY OR TOWN Louisville 24-2 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. STREET ADDRESS 1748 Shady Lane		IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) G. c. (Last) Perry		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/13/1887
9. AGE (In years last birthday) 68		If Under 1 Year: Months Days If Under 24 Hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY 65	
11. BIRTHPLACE (State or foreign country) Owenton, Ky.		12. CITIZEN OF WHAT COUNTY?	
13. FATHER'S NAME Benjamin G. Perry		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Nell Hill Perry			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis of coronary arteries.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u> 4201-081-16		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)	
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21e. CITY, TOWN, OR LOCATION		COUNTY STATE	
22. I hereby certify that I attended the deceased from <u>Aug. 5</u> , 19 <u>53</u> to <u>Jan. 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 17</u> , 19 <u>56</u> and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED 1/24/56		23b. ADDRESS 600 W. Oak St. Louisville 3, Ky.	
23c. SIGNATURE E. J. Evered M. D.		(Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/20/56	
24c. NAME OF CEMETERY OR CREMATORY Resthaven		24d. LOCATION (City, town, or county) (State) Louisville, Ky.	
25a. DATE REC'D BY LOCAL 1/27/56		25b. REGISTRAR'S SIGNATURE [Signature]	
26. FUNERAL DIRECTOR L. D. Pearson & Son, 1310 S. Third St.		ADDRESS	

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