

Registrar of Vital Statistics

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Form V. S. 1-A 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		State File No. <u>50 20783</u> Registrar's No. <u>4468</u>	
Registration District No. <u>755</u>		Primary Registration District No. <u>2275</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Nashville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisville, Ky.</u>		c. LENGTH OF STAY (in this place) <u>16</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Vine Grove, Ky.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's</u>		d. STREET ADDRESS (If rural, give location) <u>047</u>			
3. NAME OF DECEASED a. (First) <u>Joseph G. Manuel</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2nd 1950.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 17th</u>	9. AGE (In years last birthday) <u>70</u> 10. UNDER 1 Year 11. UNDER 24 Hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assistant Manager of Store</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William Manuel</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Barber</u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>65</u>	17. INFORMANT <u>Mrs Joseph Manuel</u>	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>	MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Enlarged Prostate</u> DUE TO (c) <u>Profuse hemorrhage from Prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X-112-28</u>	19a. DATE OF OPERATION <u>9/18/50</u>				
19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Prostate</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 bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>9/5/</u> <u>10/2,</u> 19 <u>50</u> to <u>10/2,</u> 19 <u>50</u> that I last saw the deceased alive on <u>9/5/</u> , 19 <u>50</u> , and that death occurred at <u>about noon,</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>10-11-50</u>	23b. ADDRESS <u>618 Brown Bldg., Louisville, Ky.</u>	23c. SIGNATURE (Degree or title) <u>D. Frank P. Strickler</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 5th 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Smithfield, Ky.</u>		
25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE <u>Angela Hendricks</u>	26. FUNERAL DIRECTOR <u>W.A. McCarty, Campbellsburg, Ky.</u>			

585196

OCT 19 1950



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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 27th day of Jan, 19 51

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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

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

FILE NO. 116 **73 33427**

REGISTRAR'S NO. **2839**

Registration District No. **7 5 5** Primary Registration District No. **2 2 7 5**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Bernice		Manuel			2. Female	3. December 22, 1973	
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. 87	5b. 5	5c. 5	6-5-23-86	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. St. Anthony Hospital				
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. Widowed		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. 401-20-4301		13a.			13b.		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Kentucky	14b. Jefferson	14c. Louisville		14d. Yes	14e. 1466 St. James Ct.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. George E. Hill					16. Fitzie Watkins Hill		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Marilyn Eversole				17b. 1466 St. James Ct. Louisville, Ky 40208			
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Acute myocardial infarction					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) None					
		(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			
Reduction in aortic valve		19a.		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
21a. I ATTENDED THE DECEASED FROM 11 12 73 TO 12 22 73		21b.	21c.	21d.	21e.	21f.	21g.
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		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		22b.		22c.		22d.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. W.S. CARTER		23b. <i>[Signature]</i>		23c.		23d. 1-11-74	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d. 914 Northern Blvd. Louisville, Ky. 40202		23e.		23f.		23g.	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. Burial	24b. Smithfield Cemetery		24c. Smithfield, Kentucky		24d.		
DATE	FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)				
24d. 12-26-73	24e. Arch L. Heady and son		24f. 1201 E. Oak St. Lou, Ky 40204		24g.		
NAME OF EMBALMER	LIC. NO.		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH DEPARTMENT		
25b. G. R. Sparks	25c. 3846		25d. <i>[Signature]</i>		25e. JAN 16 1974		

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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 27th day of Jan, 19 74.

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V.S. NO. 1-A REV. 1-56 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u> <u>62</u> <u>4032</u>
Registration District No. <u>1141</u>		Primary Registration District No. <u>7671</u>		
1. PLACE OF DEATH a. COUNTY <u>Oldham</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Kenton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pewee Valley</u>		c. LENGTH OF STAY (in this place) <u>03</u>	c. CITY OR TOWN <u>Covington</u>	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pewee Valley Sanitarium and Hospital</u>		d. STREET ADDRESS <u>805 Phil Street</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) <u>Raymond J Hill</u>		a. (First)	b. (Middle)	c. (Last)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>10-13-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>77</u>
13. FATHER'S NAME <u>George Hill</u>		11. BIRTHPLACE (State or foreign country) <u>Smithfield, Kentucky</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
17. INFORMANT <u>Hospital Records</u>		14. MOTHER'S MAIDEN NAME <u>Watkins</u>		
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Chronic Glomerulonephritis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sev. mo.</u>
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. <u>+500</u>		DUE TO (b) <u>Pyelonephritis and</u>		<u>sev. mo.</u>
		DUE TO (c) <u>Arteriosclerosis</u>		<u>sev yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertrophic Arthritis</u>		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 (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour <u> </u> 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>Feb 9, 1962</u> to <u>Feb 15, 1962</u> that I last saw the deceased alive on <u>Feb 14, 1962</u> and that death occurred at <u>1:30 pm</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>2/15/62</u>		23b. ADDRESS <u>Crestwood Ky</u>		23c. SIGNATURE (Degree or title) <u>Harold F. Frank MD</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-1962</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>
25a. DATE REC'D BY LOCAL REG. <u>2-16-62</u>		25b. REGISTRAR'S SIGNATURE <u>Sherill H. Atchison</u>		24d. LOCATION (City, town, or county) (State) <u>So. Ft. Mitchell, Ky.</u>
		26. FUNERAL DIRECTOR <u>Allison & Rose</u>		ADDRESS <u>Covington, Ky.</u>



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Barbara F. White
Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V.S. NO. 1-A
(REV. 11-73)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HUMAN RESOURCES
REGISTRAR OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 75 27189
REGISTRAR'S NO. _____

Registration District No. 755 Primary Registration District No. 2275

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Mrs. Nell Perry</u>								2. <u>Female</u>	3. <u>October 28, 1975</u>		
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. <u>White</u>		5a. <u>76</u>		5b. _____		5c. _____		6. <u>April 24, 1899</u>		<u>Jefferson</u>	
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. <u>Louisville</u>				7c. <u>YES</u>		7d. <u>Jewish Hospital</u>					
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. <u>Kentucky</u>		9. <u>USA</u>				10. <u>Widow</u>		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. <u>404-10-6481</u>		13a. <u>H/W</u>				13b. _____					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. <u>Kentucky</u>		14b. <u>Jefferson</u>		14c. <u>Louisville</u>		14d. <u>YES</u>		14e. <u>1748 Shady Ln.</u>			
PARENTS				FATHER—NAME				MOTHER—MAIDEN NAME			
15. <u>George Hill</u>				16. <u>Fitzie Watkins</u>							
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. <u>Mr. Norman H. Perry</u>				17b. <u>2538 Lake Ellen Circle Tampa, Fla. 33618</u>							
PART I. DEATH WAS CAUSED BY:										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE											
(a) <u>Coronary of Lung</u>										<u>6-75</u>	
DUE TO, OR AS A CONSEQUENCE OF:										<u>10-28-75</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST											
(b) _____											
DUE TO, OR AS A CONSEQUENCE OF:											
(c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										AUTOPSY (YES OR NO)	
										19a. _____	
										IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
										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		AND LAST SAW HIM/HER ALIVE ON		I DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. _____		9-11-75 ¹⁰		21b. 10-28-75		21c. 10-28-75		21d. _____		21e. _____	
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.											
22a. _____											
M. 22b. _____											
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE				DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>Norman Glazer M.D.</u>				23b. <u>Norman Glazer M.D.</u>				23c. <u>11-4-75</u>			
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
23d. <u>2700 GARDSTOWN RD.</u>				<u>Louisville</u>		<u>Louisville</u>		<u>Ky</u>		<u>40225</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME				LOCATION					
24a. <u>Burial</u>		24b. <u>Resthaven Cemetery</u>				24c. <u>Louisville, Kentucky</u>					
DATE (MONTH, DAY, YEAR)		FUNERAL DIRECTOR—SIGNATURE				ADDRESS (ZIP CODE)					
24d. <u>10/31/75</u>		25a. <u>Arch L. Heady & Son</u>				<u>1201 E. Oak St. Lou., Ky. 40204</u>					
NAME OF EMBALMER		(LIC. NO.)		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR					
25b. <u>G.R. Sparks</u>		<u>3646</u>		26a. <u>[Signature]</u>		26b. <u>NOV 6 1975</u>					

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

PARENTS

CAUSE

CERTIFIER

BURIAL

Nov.

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Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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Form V. S. 1-A 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		State File No. 50 16151 Registrar's No. 43
Registration District No. 705		Primary Registration District No. 5921		
1. PLACE OF DEATH a. COUNTY Henry,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Henry,		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Turners Sta., Ky		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Turners Sta., Ky.		
d. FULL NAME OF HOSPITAL OR INSTITUTION New Castle Sanatorium,		d. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED (Type or Print) a. (First) John S, b. (Middle) Batts, c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug 12-1950.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mch29-1883	9. AGE (In years If Under last birthday) If Under Months Days Hours Min. 67 5 14
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY //	11. BIRTHPLACE (State or foreign country) Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Batts,		14. MOTHER'S MAIDEN NAME Brah Jane Rife,		
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.	17. INFORMANT Mrs John Batts	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation & hyperstatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage with paraplegia DUE TO (c) Hypertensive cardio-vascular - 20 yrs. - arterial disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. burn of left side of body		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 4 mo. 4 da.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X - 582 - 17		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 bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Apr. , 19 50 , to 8-12 , 19 50 , that I last saw the deceased alive on 8-12 , 19 50 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.				
23a. DATE SIGNED 8-14-50	23b. ADDRESS New Castle, Ky	23c. SIGNATURE (Degree or title) W. Bruce M.D.		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Aug 14 1950	24c. NAME OF CEMETERY OR CREAMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Port Royal, Ky.	
25a. DATE REC'D BY LOCAL REG. 8/31/50	25b. REGISTRAR'S SIGNATURE Mary M. Mahoney	26. FUNERAL DIRECTOR ADDRESS W.A. McCarty, Campbellsburg, Ky.		



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 27th day of Jan, 19 51

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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Form V. 8. 1-A 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		50 2841 State File No. 116- Registrar's No. 92 2275
Registration District No. 755 X		Primary Registration District No. _____		
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Ky b. COUNTY Jeff		
b. CITY OR TOWN Louisville		c. LENGTH OF STAY (If in this place) 8 days		c. CITY OR TOWN Henderson 50-2
d. FULL NAME OF HOSPITAL OR INSTITUTION General		d. STREET ADDRESS 105 W Ky St		
3. NAME OF DECEASED a. (First) William h. (Middle) i. (Last) Shelton		4. DATE OF DEATH 9-7-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	8. DATE OF BIRTH 1-30-03	9. AGE (In years last birthday) 46 11 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Union Ky	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm Shelton		14. MOTHER'S MAIDEN NAME Mary Bassett		
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.	17. INFORMANT	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, apoplexy, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Cerebral Thrombosis		
		DUE TO (c) Aortic sclerosis		
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332 X - 0 10 - 1		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT (Specify) SUICIDE HOMICIDE		
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-2-31, 1949 to 9-7-50, that I last saw the deceased alive on 1-7-50, 1950, and that death occurred at 6:30 P. M., from the causes and on the date stated above.				
23a. DATE SIGNED		23b. ADDRESS Louisville General Hospital		23c. SIGNATURE (Degree or title)
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/10/50		24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery Henderson, Kentucky
25a. DATE REC'D BY LOCAL REG.		25b. REGISTRAR'S SIGNATURE Regina M. Murphy		26. FUNERAL DIRECTOR Owen Funeral Home 2611 Virginia Avenue Henderson, Ky.

FEB 20 1950



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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 11 day of Feb, 19 50.

Barbara F. White

Barbara F. White, State Registrar

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

FILE NO. 116

71 30515

REGISTRAR'S NO. 7011

SS: 407-64-40-89
XC: 1 149 797

Registration District No. 755 Primary Registration District No. 2275

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

1. DECEASED—NAME FIRST MIDDLE LAST Earl J. Eversole		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) December 2, 1971
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	5a. AGE—LAST BIRTHDAY (YEARS) 77	5b. UNDER 1 YEAR MOS. DAYS 7	5c. UNDER 1 DAY HOURS MIN. 5:00
6. DATE OF BIRTH (MONTH, DAY, YEAR) Aug. 26, 1894	7a. COUNTY OF DEATH Jefferson		7b. CITY, TOWN, OR LOCATION OF DEATH Louisville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Veterans Administration Hospital, Louisville, Ky.	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kentucky	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Marilyn Hill
12. SOCIAL SECURITY NUMBER 407-64-40-89	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Doctor	13b. KIND OF BUSINESS OR INDUSTRY	
14a. RESIDENCE—STATE Kentucky	14b. COUNTY Jefferson	14c. CITY, TOWN, OR LOCATION Louisville	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
14e. STREET AND NUMBER 1466 St. James Ct.			

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST Cooper Eversole	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Nora Eversole
16. INFORMANT—NAME Marilyn H. Eversole - Widow	
17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1466 St. James Ct., Louisville, Ky. 40208	

CAUSE

18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b)		
(c)		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) NO
Carcinoma of lung		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. PHYSICIAN ATTENDED THE DECEASED FROM Nov. 17, 1971	21b. TO Dec. 2, 1971	21c. HOUR OF DEATH	21d. BODY AFTER DEATH	21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 8:00 A.M.
22. 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.				
23a. CERTIFIER NAME (TYPE OR PRINT) William C. Gaventa, M.D.		23b. SIGNATURE <i>William C. Gaventa, M.D.</i>	23c. DEGREE OR TITLE M.D.	23d. DATE SIGNED (MONTH, DAY, YEAR) Dec. 10, 1971
23e. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP terans Administration Hospital, Louisville, Kentucky 40202				

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME Cave Hill Cemetery	24c. LOCATION Louisville, Kentucky
24d. DATE (MONTH, DAY, YEAR) Dec. 5, 1971	24e. FUNERAL DIRECTOR—SIGNATURE <i>Barth J. Herby</i>	
24f. NAME OF EMBALMER <i>Wm. C. Schupf</i>	24g. REGISTRAR SIGNATURE <i>Barbara F. White</i>	24h. DATE RECEIVED BY LOCAL REGISTRAR Dec. 14, 1971



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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 11 day of Feb, 19 71.

Barbara F. White

Barbara F. White, State Registrar

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. 5347

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. No	7d. 3403 Richmond Drive #2				
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. No	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.		(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.					
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. I ATTENDED THE DECEASED FROM							MONTH DAY YEAR
							21c.
							21d.
							21e.
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.							M.
							M.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. W. T. Thompson, M. D.		23b. [Signature]		23c. M.D.		23d. 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						
24d. 2-28-76	24e. Arch L. Heady and Son, 1201 E. Oak St.						
NAME OF EMBALMER		REGISTRAR SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. L. Callahan 3872		25a. [Signature]		25c. MAR 4 1976			

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, 19 76

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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

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

FILE NO. 116 **70 4793**

REGISTRAR'S NO. **14**

Registration District No. **1141** Primary Registration District No. **7671**

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
1. <i>Reginald Martin Hill</i>					2. <i>Male</i>	3. <i>Feb. 5, 1970</i>					
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. <i>White</i>	5a. <i>77</i>	MOS. <i>5</i> DAYS <i>11</i>	HOURS <i>5</i> MIN.	6. <i>Feb. 24, 1892</i>		7a. <i>Oldham</i>					
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. <i>Pewee Valley</i>		7c. <i>Yes</i>	7d. <i>Pewee Valley Hospital 03</i>								
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. <i>Kentucky</i>	9. <i>USA</i>	10. <i>Married</i>		11. <i>Ruby Watkins Hill</i>							
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. <i>404-05-6568</i>		13a. <i>Maintenance</i>		13b. <i>Louisville General Hospital</i>							
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER							
14a. <i>Kentucky</i>	14b. <i>Jackson</i>	14c. <i>Louisville</i>	14d. <i>Yes</i>	14e. <i>1492 S. Shelby St</i>							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME						
15. <i>George Elza Hill</i>					16. <i>Fitz Lee Watkins</i>						
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
17a. <i>Mrs. Jean Druin</i>		17b. <i>4406 State Rd. Jeffersonville Ind 47130</i>									
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE		(a) <i>Acute alcoholic psychosis with cerebral edema</i>					<i>4 days</i>				
DUE TO, OR AS A CONSEQUENCE OF:		(b) <i>Arteriosclerotic heart disease</i>					<i>years</i>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(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. <i>No</i>		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.									
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21a. <i>DECEASED FROM</i>	<i>1</i>	<i>30</i>	<i>70</i>	<i>TO</i>	<i>2</i>	<i>5</i>	<i>70</i>	21c. <i>4</i>	<i>70</i>	21d. <i>not</i>	21e. <i>7:35 AM</i>
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		MONTH		DAY	YEAR	HOUR	M.
22a.		M. <i>22b.</i>		M. <i>22c.</i>		M. <i>22d.</i>		M. <i>22e.</i>		M. <i>22f.</i>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. <i>H. Burl Mack, M. D.</i>		23b. <i>[Signature]</i>		23c. <i>[Title]</i>		23d. <i>2-20-70</i>					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23d. <i>304 Mt. Mercy Drive</i>		<i>Pewee Valley</i>		<i>Kentucky</i>		<i>40056</i>					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION		CITY OR TOWN		STATE					
24a. <i>Burial</i>	24b. <i>Cave Hill</i>	24c. <i>Louisville, Kentucky</i>									
DATE (MONTH, DAY, YEAR)	FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)								
24d. <i>Feb 9, 1970</i>	24e. <i>Arch L. Headyson</i>		24f. <i>1201 E. Oak St. Louisville, Ky. 40204</i>								
NAME OF EMBALMER		(LIC. NO.)	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25b. <i>Jerry J. Webb</i>		<i>3649</i>	25a. <i>[Signature]</i>		25d. <i>2-25-70</i>						

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Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

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FORM V.S. NO. T-A
REV. 1-56
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH/OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

Registration District No. 755 / Primary Registration District No. 2275

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution's residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Louisville</u> IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1748 Shady Lane</u>		d. STREET ADDRESS <u>1748 Shady Lane</u> IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>G.</u> c. (Last) <u>Perry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7/13/1887</u>
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Used Car Dealer</u>	
11. BIRTHPLACE (State or foreign country) <u>Owenton, Ky.</u>		12. CITIZEN OF WHAT COUNTY?	
13. FATHER'S NAME <u>Benjamin G. Perry</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT <u>Nell Hill Perry</u>	
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>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
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 <u>1/24/56</u>	23b. ADDRESS <u>600 W. Oak St. Louisville 3, Ky.</u>	23c. SIGNATURE (Degree or title) <u>Ernie Everade M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/20/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>	24d. LOCATION (City, town, or county) (State) <u>Louisville, Ky.</u>
25a. DATE REC'D BY LOCAL _____	25b. REGISTRAR'S SIGNATURE <u>Ernie Everade</u>	26. FUNERAL DIRECTOR ADDRESS <u>L. D. Pearson & Son, 1310 S. Third St.</u>	

FEB 7 - 1956

JAN 27 1956



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 17 day of Mar, 1957.

Barbara F. White

Barbara F. White, State Registrar

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM V.S. NO. 1-A
(REV. 11-73)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116 **77 30182**
REGISTRAR OF VITAL STATISTICS
REGISTRAR'S NO. **6947**

CERTIFICATE OF DEATH
Registration District No. **7 5 5** Primary Registration District No. **2 2 7 5**

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Essie H. Shelton					2. Female	3. November 20, 1977		
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. 77	5b. MOS. DAYS	5c. HOURS MIN.	6. 11-19-1900		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. 1312 Barret Ave.					
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. Widowed		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. 400-05-4169		13a. Retired			13b. Stewarts Dry Goods			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER			
14a. Kentucky	14b. Jefferson	14c. Louisville		14d. Yes	14e. 1312 Barret Ave.			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. George E. Hill					16. Fitzie Watkins Hill			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Marilyn Eversole				17b. 1312 Barret Ave. Louisville, Ky 40204				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Probable Coronary Occlusion						
DUE TO, OR AS A CONSEQUENCE OF:		(b)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(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.						
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	
21a. I ATTENDED THE DECEASED FROM							21c. MONTH DAY YEAR	
21b. TO							21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.							21f. MONTH DAY YEAR	
21g. HOUR							21h. M. TO THE CAUSE(S) STATED.	
21i. A							21j. M.	
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.	6:00		A		M.		22b. 11-20-77	
22a.							22c. 6:34	
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
23a. DR. R.F. GREATHOUSE, CORONER	23b. BY: <i>R.F. Greathouse</i>		23c. D/C		23d. DEC 5 1977			
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.		CITY OR TOWN		STATE			
23e. 801 Fiscal Court Building			Louisville		Kentucky			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN			
24a. Burial	24b. Resthaven Cemetery		24c. Louisville, Kentucky		24d. Lou, Ky 40204			
DATE	FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)		CITY OR TOWN			
24e. Nov. 22, 1977	24f. Arch L. Heady and Son		24g. 1201 E. 10th St.		24h. Lou, Ky 40204			
NAME OF EMBALMER	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR					
25a. G. R. Sparks	25b. <i>[Signature]</i>		25c. DEC 6 1977					

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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 27th day of Jan, 1977

Barbara F. White

Barbara F. White, State Registrar