

U. S. PUBLI		Y Departm CE BUREAU OF	THOF KENTUCK ent of Health FITAL STATISTICS TE OF DEATH Primary Registration Dis	Registrar's N	20783 4468
1. PLACE C	Je	fferson,	2. USUAL RESIDE	NCE (Where deceased lived b. COUNTY	If institution: residence before admission)
TOWN	Louisville E OF(If not in hospit OR location)	township) STAY (in this place)	TOWN Vine	orate limits, write RURAL at a Crowd R. Ky.	od give township)
3. NAME OF DECEASE (Type or I	a. (First)	b. (Middle)	c. (Last)	4. DATE (Monto) OF OCt.	th) (Pay) (Year) 2nd 1950.
5. SEX Male		CE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder 1 Year If Under 24 Hrs
IOa. USUAL OCC	UPATION(Give kind of wonost of working life, ever		II. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME Valles :	20 65	14. MOTHER'S MAIDEN NA	ME	-\U.S.A.
15. WAS DECEASE (Yes, no, or unknown	D EVER IN U. S. ARMI (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	manuel	
I8. CAUSE OF I	DEATH I. DISEASE OR DIRECTLY LEA	CONDITION MEDICAL OF THE PULL	certification onary Edema		INTERVAL BETWEEN ONSET AND DEATH
*This does not the mode of a such as heart for authenia, etc. It the disease, inju- complication wi caused death.	lying ing rise to the interest of the interest	one, if any, give DUE TO (b) En the above cause the underlying	larged Prosts	age from Pro	ostate
19a. DATE OF OF 9/18/50	PERA- 196. MAJOR FII	NDINGS OF OPERATION arged Prostate			20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		ib. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOW	NSHIP) (COUNTY	
2Id. TIME (Mo OF INJURY	nth) (Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY OCC	CUR?	
22. I hereby cert			10, 50 to 10/	2 , , 19 5Q that I	last saw the deceased
23a. DATE SIGNED	23b. ADDRESS 61	8 Brown Bldg.,	234 SIGNATURE	and on the date stated	(Degree or title)
24a. BURIAL, CRE) TION, REMOVAL(S	MA- pecify) 24b. DATE Oct.	24c. NAME OF CEMETERY	OR CREAMATORY 24d. L	OCATION (City, town, or Smithfield & K	county) (State)
25a. DATE REC'D LOCAL	REG. 25b. REGISTRA	R'S SIGNATURE	26. FUNERAL DIRECTOR	v. Campbells	ADDRESS Ky.
OCT 19 195	50 Unge	8 Brown Bldg., Duis ville, Ky. 24c. NAME OF CEMETERS 5th 1950. RYS SIGNATURE A CONTAINS AN ART			NOC ST. ST.

U.S. PATENT NO'S 4227720 4265469 4310100 4227719 4210346 4341404 4351547

caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

Barbara F. White, State Registrar



REV. 1/68)	IO. T-A Registr	D OF	DNWEALTH OF KE DEPARTMENT OF HEAL FICE OF VITAL STATIST RTIFICATE OF DEAL DPIMARY Registratio	TH FILE NO.	116 73 3 AR'S NO. 75 2 7 5	3427
- 1	DECEASED—NAME F	IRST MIDD		SEX	DATE OF DEATH (MON	NTH, DAY, YEAR)
	1. Bernice	Manuel		2. Female	3. December	22. 1973
7	RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	Sa. 07 Sb. DAYS	HOURS MIN. YEAR)	3-86	70 Jefferso	n
CEASED	CITY, TOWN, OR LOCATION OF DEATH. Th. Louisville STATE OF BIRTHUE NOT IN U.S.A.,	ATH INSIDE CITY LIMITS (SPECIFYLYSS OF NO) 7c. 103 CITIZEN OF WHAT COUNTR'	7d St. Anthor	nu Hospit	tal	
RESIDENCE DECEASED IF DEATH	Rentucky Kentucky	, U.S.A.	WIDOWED, DIVORCED (SE	PECIFY)		ALIDEN NAME!
RED IN UTION, GIVE NCE BEFORE	12. 401-20-4301	USUAL OCCUPATION (GIVE KINE WORKING LIFE, EVEN IF RETIRED)		13b	STREET AND NUMBER	
L.	residence—state county		or location	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES		
1017176	FATHER—NAME FIRST	MIDDLE	LAST MOTHER—A		FIRST	MIDDLE LAST
ARENTS	15George E. Hill			tzie Wath		Control of the Contro
	INFORMANT—NAME		MAILING ADDRESS		.F.D. NO., CITY OR TOWN, ST	0.000
	PART I. DEATH WAS CAUS		171466 St. Jo			APPROXIMATE INTERVAL
	18. IMMEDIATE O	COV 300 3 300 00 00 00 10 10 10 10 10 10 10 10 10 1	LENTER ONLY ONE CAU	SE PER LINE FOR	(a), (b), AND (c)]	SETWEEN ONSET AND DEATH
	104X 101C.	لحاسب شا	Lynn	4		
0		AS A CONSEQUENCE OF:				
	COMBINED IF ANY					
W	WHICH GAVE RISE TO (b)					
The last	WHICH GAVE RISE TO IMMEDIATE CAUSE (G), STATING THE UNDER-LYING CAUSE LAST	AS A CONSEQUENCE OF:				
CAUSE	WHICH GAYE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER- DUE TO, OR		EATH BUT NOT RELATED TO CAUSE O	GIVEN IN PART I (Q)	(YES OR NO)	IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH
CAUSE	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE DAST (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, DATE		المراجعة المناجعة		(YES OR NO)	SIDERED IN DETERMINING CAUSE OF DEATH 19b.
CAUSE	WHICH GASE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDER LYING CAUSE DAST PART II. OTHER SIGNIFICANT CONDITION	NS: CONDITIONS CONTRIBUTING TO DI	المراجعة المناجعة		(YES OR NO)	SIDERED IN DETERMINING CAUSE OF DEATH 19b.
CAUSE	WHICH GAVE RISE TO IMMEDIATE CAUSE (D). STATING THE UNDER-LYING CAUSE LAST (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK PLACE OF INJU	NS: CONDITIONS CONTRIBUTING TO DE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR) HOUR HOW I		(YES OR NO) 19a. NTER NATURE OF INJURY IN	SIDERED IN DETERMINING CAUSE OF DEATH 19b.
CAUSE	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE BUNDER-LYING CAUSE LAST ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) ZOG. INJURY AT WORK (SPECIFY YES OR NO) ZOFFICE RUDGE, ET OFFICE RUDGE, ET ZOF.	NS: CONDITIONS CONTRIBUTING TO DI CONTRIBUTION TO DI OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR C. (SPECIFY)) HOUR HOW I 20c. M. 20d. Y. LOCATION (ST	INJURY OCCURRED (E	(YES OR NO) 19a. INTER NATURE OF INJURY IN I	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART I OR PART II, ITEM 18)
CAUSE	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE BUNDER-LYING CAUSE LAST ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 1 INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLOG., ET 20c. EETIFICATION— MONTH DAY	NS: CONDITIONS CONTRIBUTING TO DE E OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR C. (SPECIFY) YEAR MONTH DAY	HOUR HOW I 20c. M. 20d. Y. LOCATION (ST 20d. YEAR AND LAST SAW HIM/H	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT	(YES OR NO) 19a. INTER NATURE OF INJURY IN I	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART 1 OR PART II, ITEM 18) JERED AT THE PLACE, ON THE DATE, AND, TO THE BEST
CAUSE	WHICH GAVE AISE TO IMMEDIATE CAUSE (a). PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY) 20b. (CERTIFICATION— MONTH DAY PHYSICIAN: 1 ATTENDED THE 21a. DECRASSED FROM	NS: CONDITIONS CONTRIBUTING TO DI COF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b.	1) HOUR HOW I 20c. M. 20d. Y LOCATION (ST 20q. YEAR AND LAST SAW HIM/H MONTH DAY 7.3 21c. / 2 24	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI 73 21d.	(YES OR NO) 19a. IT OR TOWN, STATE) O NOT VIEW THE DEATH OCCU (HOUR) 21 o.	SIDERED IN DETERMINING CAUSE OF DEATH 195. PART I OR PART II, ITEM 18)
CAUSE	WHICH GAVE AIRS TO IMMEDIATE CAUSE (D) STATING THE UNDER-LYING CAUSE (DATE OF THE UNDER-LYING CAUSE (DATE OF THE UNDER-LYING CAUSE (DATE OF UNDETERMINED (SPECIFY) ACCIDENT, SUICIDE, HOMICIDE, OATE OF UNDETERMINED (SPECIFY) 20a. 20b. 20b. 10JURY AT WORK (SPECIFY) EDGE OF INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLDG., ET 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f.	NS: CONDITIONS CONTRIBUTING TO DI OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR C. (SPECIFY) TEAR MONTH DAY 7.3 TO 12b. 2.2. TO CORONER: ON THE BASIS COSTIGATION, IN MY OPINION,	1) HOUR HOW I 20c. M. 20d. Y LOCATION (ST 20q. YEAR AND LAST SAW HIM/H MONTH DAY 7.3 21c. / 2 24	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI 73 21d.	(YES OR NO) 19a. IT OR TOWN, STATE) O NOT VIEW THE DEATH OCCU (HOUR) 21 o.	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART I OR PART II, ITEM 18) URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE
	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE (DAY, STATING THE STATING OF THE SOOT AND/OR THE INVESTMENT OF THE SOOT AND/OR THE SOOT AND/OR THE SOOT AND/OR THE INVESTMENT OF THE SOOT AND/OR THE SOOT AND	NS: CONDITIONS CONTRIBUTING TO DI E OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. 2 2 ER OR CORONER: ON THE BASIS CO STIGATION, IN MY OPINION, 18 CAUSE(S) STATED,	Y LOCATION (ST YEAR AND LAST SAW HIM/H MONTH DAY 21c. /2 HOUR OF DEATH THE M. 22b	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR 21d. E DECEDENT WAS PRONOT MONTH	(YES OR NO) 19a. INTER NATURE OF INJURY IN I IY OR TOWN, STATE) DO NOT VIEW THE DEATH OCCU (HOUR) 21e. JUNCED DEAD DAY YEAR	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART I OR PART II, ITEM 18) URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR M.
CAUSE	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE DAST (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 1NJURY AT WORK (SPECIFY YES OR NO) OFFICE BLDG., ET 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DI E OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. CR OR CORONER: ON THE BASIS OF STIGATION, IN MY OPINION, 16 CAUSE(S) STATED.	HOUR HOW I 20c. M. 20d. YELOCATION (ST 20q. YEAR AND LAST SAW HIM/H MONTH DAY 21c. /2 // FIHE HOUR OF DEATH THE M. 22b SIGNATURE 23b.	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON I DID/DID YEAR BODY AFI 73 21d. E DECEDENT WAS PRONOL MONTH D. DEGR	(YES OR NO) 19a. INTER NATURE OF INJURY IN	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART 1 OR PART II, ITEM 18) URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR
	WHICH GAVE AISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE DASK ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 1NJURY AT WORK (SPECIFY YES OR NO) 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DI E OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. ER OR CORONER: ON THE BASIS OF STIGATION, IN MY OPINION, IS CAUSE(S) STATED.	THE HOUR OF DEATH THE M. 22b.	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON I DID/DID YEAR BODY AFI / 73 21d. E DECEDENT WAS PRONOL MONTH D. DEGR	(YES OR NO) 19a. INTER NATURE OF INJURY IN IN IT OR TOWN, STATE) O NOT VIEW THE DEATH OCCU (HOUR) 21a. UNCED DEAD DAY YEAR SEE OR TITLE DATE	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART I OR PART II, ITEM 18) URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR M.
	WHICH GAVE AISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 10 June 1	NS: CONDITIONS CONTRIBUTING TO DI E OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. CR OR CORONER: ON THE BASIS OF STIGATION, IN MY OPINION, 16 CAUSE(S) STATED.	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/H 20g. YEAR AND LAST SAW HIM/H AND 21c. /2 // PETHE HOUR OF DEATH THE M. 22b. SIGNATURE 23b	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON I DID/DID YEAR BODY AFI 73 21d. E DECEDENT WAS PRONOL MONTH D. DEGR	(YES OR NO) 19a. INTER NATURE OF INJURY IN I IY OR TOWN, STATE) O NOT VIEW THE DEATH OCCU (HOUR) 21a. UNCED DEAD DAY YEAR LEE OR TIPLE DATE 23c.	SIDERED IN DETERMINING CAUSE OF DEATH 19b. PART I OR PART II, ITEM 18) URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR M.
	WHICH GAVE RISE TO IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0) PUE TO, OR LYING CAUSE (D. C.) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY) 20b. CERTIFICATION— MONTH DAY PHYSICIAN: I ATTENDED THE 21a. DECEASED FROM CERTIFICATION—MEDICAL EXAMINE EXAMINATION OF THE BODY AND/OR THE INVEDENT OCCURRED ON THE DATE AND DUE TO THE 22a. CERTIFIER—NAME (DATE OF PRINT) 23a. BURILING ADDRESS—CERTIFIER 23d. BURILAL, CREMATION, REMOVAL (SPECIFY) BURILAL 24a. BURILAL CREMATION, REMOVAL	NS: CONDITIONS CONTRIBUTING TO DE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 22 21b. 22 ER OR CORCONER: ON THE BASIS OF STREET OR IN A CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smith field	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/P 21c. /2 // PETHE HOUR OF DEATH THE M. 22b. SIGNATURE 23b	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON I DID/DID YEAR BODY AFI 21d. E DECEDENT WAS PRONOL MONTH D. DEGR CATION CATION Smithfie	(YES OR NO) 19a. INTER NATURE OF INJURY IN IN INTER NATURE OF INJURY IN INJURY INJURY IN INJURY IN INJURY INJURY IN INJURY INJUR	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR STATE STATE OF PUR KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR STATE C & U
ERTIFIER	WHICH GAVE AISE TO IMMEDIATE CAUSE (D), STATING THE UNDER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 10 June 1	NS: CONDITIONS CONTRIBUTING TO DE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 22 21b. 22 ER OR CORCONER: ON THE BASIS OF STREET OR IN A CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smith field	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/P 21c. /2 // PETHE HOUR OF DEATH THE M. 22b. SIGNATURE 23b	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON I DID/DID YEAR BODY AFI 21d. E DECEDENT WAS PRONOL MONTH D. DEGR CATION CATION Smithfie	(YES OR NO) 19a. INTER NATURE OF INJURY IN IN INTER NATURE OF INJURY IN INJURY INJURY IN INJURY IN INJURY INJURY IN INJURY INJUR	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR STATE STATE OF PUR KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR STATE C & U
	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE DIMBER-LYING CAUSE (D.), STATING THE DIMBER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 20b. 10J. 20b. 10J. 20b. 20c. 20f. 20b. 20f. 20c. 20f. 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DIE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. PR OR CORONER: ON THE BASIS OF STREATION, IN MY OFINION, HE CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smithfield FUNERAL DIRECTOR SIGNA 255, TCh. L. He G. C.	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/P 21c. /2 // PETHE HOUR OF DEATH THE M. 22b. SIGNATURE 23b	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI Z1d. E DECEDENT WAS PRONOL MONTH CATION CATION ADDRE 201 E. OS	IY OR TOWN, STATE) O NOT YIEW THE DEATH OCCU HER DEATH. UNCED DEAD DAY VEAR STATE CITY OR TOWN 1 d Kentu SSS (ZIP CODE) K St. Lou,	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) ZIP STATE Ky 40204
ERTIFIER	WHICH GAVE RISE TO IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0) PUE TO, OR LYING CAUSE (D. C.) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. INJURY AT WORK (SPECIFY) 20b. CERTIFICATION— MONTH DAY PHYSICIAN: I ATTENDED THE 21a. DECEASED FROM CERTIFICATION—MEDICAL EXAMINE EXAMINATION OF THE BODY AND/OR THE INVEDENT OCCURRED ON THE DATE AND DUE TO THE 22a. CERTIFIER—NAME (DATE OF PRINT) 23a. BURILING ADDRESS—CERTIFIER 23d. BURILAL, CREMATION, REMOVAL (SPECIFY) BURILAL 24a. BURILAL CREMATION, REMOVAL	NS: CONDITIONS CONTRIBUTING TO DE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 22 21b. 22 ER OR CORCONER: ON THE BASIS OF STREET OR IN A CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smith field	HOUR 20c. M. 20d. 20d. ST 20d. ST 20d. ST 20d. ST 20d. Jan Diast Saw Him/h MONTH DAY 21c. /2 J Fine Hour of Death The M. 22b SIGNATURE 23b. M. Sol. NAME Cemetery 24c TURE Y and son 12	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI Z1d. E DECEDENT WAS PRONOL MONTH CATION CATION ADDRE 201 E. OS	IY OR TOWN, STATE) O NOT YIEW THE DEATH OCCU HER DEATH. UNCED DEAD DAY VEAR STATE CITY OR TOWN 1 d Kentu SSS (ZIP CODE) K St. Lou,	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) STATE CKU Ky 40204 LECTIVE BY LOCAL BEST OF MY LOCAL BEST O
ERTIFIER	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE DIMBER-LYING CAUSE (D.), STATING THE DIMBER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 20b. 10J. 20b. 10J. 20b. 20c. 20f. 20b. 20f. 20c. 20f. 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DIE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. PR OR CORONER: ON THE BASIS OF STREATION, IN MY OFINION, HE CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smithfield FUNERAL DIRECTOR SIGNA 255, TCh. L. He G. C.	HOUR 20c. M. 20d. 20d. ST 20d. ST 20d. ST 20d. ST 20d. Jan Diast Saw Him/h MONTH DAY 21c. /2 J Fine Hour of Death The M. 22b SIGNATURE 23b. M. Sol. NAME Cemetery 24c TURE Y and son 12	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI Z1d. E DECEDENT WAS PRONOL MONTH CATION CATION ADDRE 201 E. OS	IY OR TOWN, STATE) O NOT YIEW THE DEATH OCCU HER DEATH. UNCED DEAD DAY VEAR STATE CITY OR TOWN 1 d Kentu SSS (ZIP CODE) K St. Lou,	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) STATE CKU Ky 40204 LECTIVE BY LOCAL BEST OF MY LOCAL BEST O
ERTIFIER	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE DIMBER-LYING CAUSE (D.), STATING THE DIMBER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 20b. 10J. 20b. 10J. 20b. 20c. 20f. 20b. 20f. 20c. 20f. 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DIE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. PR OR CORONER: ON THE BASIS OF STREATION, IN MY OFINION, HE CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smithfield FUNERAL DIRECTOR SIGNA 255, TCh. L. He G. C.	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/P 20g. MONTH DAY 21c. /2 MONTH DAY M. 22b SIGNATURE 23b. MONTH DAY M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P AND LAST SAW HIM/P M. 22b SIGNATURE 24c. MONTH DAY 24c. MONT	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI Z1d. E DECEDENT WAS PRONOL MONTH CATION CATION ADDRE 201 E. OS	IY OR TOWN, STATE) O NOT YIEW THE DEATH OCCU HER DEATH. UNCED DEAD DAY VEAR STATE CITY OR TOWN 1 d Kentu SSS (ZIP CODE) K St. Lou,	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) 219 STATE Ky 40204
ERTIFIER	WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE DIMBER-LYING CAUSE (D.), STATING THE DIMBER-LYING CAUSE DASK (C) PART II. OTHER SIGNIFICANT CONDITION ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. 20b. 20b. 20b. 10J. 20b. 10J. 20b. 20c. 20f. 20b. 20f. 20c. 20f. 20c. 20f. 20f. 20f. 20f. 20f. 20f. 20f. 20f	NS: CONDITIONS CONTRIBUTING TO DIE OF INJURY (MONTH, DAY, YEAR JRY AT HOME, FARM, STREET, FACTOR YEAR MONTH DAY 73 TO 21b. PR OR CORONER: ON THE BASIS OF STREATION, IN MY OFINION, HE CAUSE(S) STATED. CEMETERY OR CREMATORY- 24b. Smithfield FUNERAL DIRECTOR SIGNA 255, TCh. L. He G. C.	HOUR 20c. M. 20d. YEAR AND LAST SAW HIM/P 20g. MONTH DAY 21c. /2 MONTH DAY M. 22b SIGNATURE 23b. MONTH DAY M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P AND LAST SAW HIM/P M. 22b SIGNATURE 23c. MONTH DAY AND LAST SAW HIM/P AND LAST SAW HIM/P M. 22b SIGNATURE 24c. MONTH DAY 24c. MONT	INJURY OCCURRED (E FREET OR R.F.D. NO., CIT HER ALIVE ON 1 DID/DID YEAR BODY AFI Z1d. E DECEDENT WAS PRONOL MONTH CATION CATION ADDRE 201 E. OS	IY OR TOWN, STATE) O NOT YIEW THE DEATH OCCU HER DEATH. UNCED DEAD DAY VEAR STATE CITY OR TOWN 1 d Kentu SSS (ZIP CODE) K St. Lou,	URRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED. HOUR SIGNED (MONTH, DAY, YEAR) STATE CKU Ky 40204 LECTIVE BY LOCAL BEST OF MY LOCAL BEST O

U.S. PATENT NO.'s 4227720 4265469 4310100 4227719 4210346 4341404 4351547



FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND FORM V.S. NO. T-A REV. 1-56 FEDERAL SECURITY AGENCY U.S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS COMMONWEALTH OF KENTUCKY 4032 62 FILE NO. 116 DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS 17 CERTIFICATE OF DEATH REGISTRAR'S NO Primary Registration District No. Registration District No 2. USUAL RESIDENCE 1. PLACE OF DEATH a. STATE Kentuck c. CITY
OR
TOWN Courng tom c. LENGTH OF IS RESIDENCE INSIDE CITY LIMITS? Hospital NO T 4. DATE OF DEATH b. (Middle) 3. NAME OF DECEASED J 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Male Unite 1 0-13-1884 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR IN-DUSTRY 11. BIRTHPLACE (State Smithfield Kentucky USA 13. FATHER'S NAME WOTKINS 17. INFORMANT Hospital Records INTERVAL BETWEEN ONSET AND DEATH MEDICAL CERTIFICATION 18. CAUSE OF DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE sev.mo. -501 DUE TO (6) CERTIFICATION above cause (a) stating the under-lying cause last. DUE TO (c) 19. WAS AUTOPSY PERFORMED? MT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED SEASE CONDITION GIVEN IN PART 1(a) YES NO 20. ACCIDENT Hour Month, Day, Year 21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED 21e. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 200 9, 1962 to , 1962, that I last saw the deceased 1962 and that death occurred at 132 Am., from the causes and on the date stated above. 23a. DATE SIGNED 24d. LOCATION (City, town, or county) 24a. BURIAL, CREMA-TION, REMOVAL (Spec So. Ft. Mitchell, Ky. Burial 26. FUNERAL DIRECTOR ADDRESS Allison & Rose Covington, Ky.

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



ORM V.S. I			COMMON	WEALTH OF KEN	NTUCKY	116	5 27189
				EICATE OF DEAT		AR'S NO	0197
		Registration Dis	7	2 mary Registratio		227	5
	DECEASED-NAME	FIRST	MIDDLE	LAS	SEX	DATE OF DEATH (MC	
	1. Mrs.	Nell	Perry	Laure of	2. Female	3. October	28, 1975
	RACE WHITE, NEGRO, AMERICAN ETC. (SPECIFY)	BIRTHDAY	YEARS) MOS. DAYS	HOURE HIN YEAR)			X
The same	4. White	N OF DEATH	INSIDE CITY LIMITS	HOSPITAL OR OTHER IN	nstitution—NAM	E (IF NOT IN EITHER, GIVE	STREET AND NUMBER)
	7b. Louisville			d.Jewish Hos		02	
ECEASED	STATE OF BIRTHUF NOT IN U	J.S.A., CITIZEN	OF WHAT COUNTRY	MARRIED, NEVER MARR WIDOWED, DIVORCED (SI	IED, SURVIVING	SPOUSE UF WIFE, GIVE	MAIDEN NAME)
L RESIDENCE LE DECEASED . IF DEATH	8. Kentucky Social Security Number	4/5 9.		10. WIGOW F WORK DONE DURING MOST OF	11.	ESS OR INDUSTRY	
RRED IN	12. 404-10-648	WORKING I	LIFE, EVEN IF RETIRED)	H/W	13b		
ENCE BEFORE		OUNTY ()	CITY, TOWN, O	R LOCATION	INSIDE CITY LIMITS		R
\rightarrow	14a. Kentucku 14			sville	14d. YES	140.1748 She	
PARENTS		FIRST	MIDDLE	LAST MOTHER/	MAIDEN NAME	FIRST	MIDDLE LAST
	15. George	1 11 11 1		16. MAILING ADDRESS	(STREET OR	LF.D. NO., CITY OR TOWN,	TATE, ZIPI
	17a. Mr. Norme	en H. Per	rru	1762538 Lake	Ellen C	role Tam	os . Fla. 33618
	PART I. DEATH	WAS CAUSED BY:		ENTER ONLY ONE CAU			APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
	101 1	IMMEDIATE CAUSE	1 PINION	in MK	nald		6-75
	1 7 7	(a) (A) Due to, or as a cons	EQUENCE OF:	a y	w.		10-28-75
	CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (0),	(b)			0		
	STATING THE UNDER-	DUE TO, OR AS A CONS	EQUENCE OF:			7.15	
		(c)				AUTOPSY	IF YES WERE FINDINGS CON-
CAUSE	PART II. OTHER SIGNIFICANT	CONDITIONS: CONDI	TIONS CONTRIBUTING TO DEAT	H BUT NOT KELATED TO CAUSE	GIVEN IN PART I (U)	(YES OR NO)	SIDERED IN DETERMINING CAUSE
	ACCIDENT, SUICIDE, HOMICIO		URY (MONTH, DAY, YEAR)	HOUR HOW	INJURY OCCURRED	19a. ENTER NATURE OF INJURY IN	OF DEATH 19b. PART I OR PART II, ITEM 18)
	OR UNDETERMINED (SPECIFY) 20a.	20b.		20c. M. 20d.			
	(SPECIFY YES OR NO) OFFI	CE OF INJURY AT HO CE BLDG., ETC. (SPECIF	ME, FARM, STREET, FACTORY,	LOCATION (51	TREET OR R.F.D. NO., C	TY OR TOWN, STATE)	
	20e. 20f.	H DAY YEAR	MONTH DAY			D NOT WHEN THE DEATH OC	CURRED AT THE PLACE, ON THE
	PHYSICIAN: I ATTENDED THE	9-11-75	TO 216. 10-28-7	5 21c. 10 -2	8-75 21d.	FTER DEATH. (HOUR)	OF MY KNOWLEDGE, DUE
	CERTIFICATION—MEDICAL	EXAMINER OR CO	DRONER: ON THE BASIS OF T		E DECEDENT WAS PRONG		M.TO THE CAUSE(S) STATED.
	EXAMINATION OF THE BODY AND	OR THE INVESTIGATION) STATED.	M. 221	MONTH b.	POT 150K	HOUR M.
CERTIFIER			n M.O 31	CHENIDE	Slav	DA DA 23c	TE SIGNED (MONTH, DAY, YEAR)
CERTIFIER	CERTIFIER-NAME ITYPE OR		16 11111	o. I would	CITY OR TOWN		ZIP
CERTIFIER	CERTIFIER—NAME ITYPE OR 23a. OR MAILING ADDRESS—CERTI	IFIER,	A STREET OR R.F.	.D. NO.	CITI OR IOWN		40205
CERTIFIER	CERTIFIER—NAME CTYPE OR 230. MAILING ADDRESS—CERTI 23d. 700 SA	IFIER, TOWN	A STREET OR R.F.		CATION	CITY OR TOWN	STATE
CERTIFIER	CERTIFIER—NAME (TYPE OR 23a.) 0.2 m of MAILING ADDRESS—CERTIFIED	IFIER TOWN MOVAL CEMET	ERY OR CREMATORY—N	IAME / LO	CATION LOUIS	city or town /	
CERTIFIER	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm. MAILING ADDRESS—CERT, 23d. 700 2.4 BURIAL, CREMATION, REM (SPECIPT) 24g. BUT 16.1 DATE (MONTH, DA	AOVAL CEMET 24b. NY, YEARD FUNER	ERY OR CREMATORY—A Resthauen AL DIRECTOR—SIGNATION	Cemetery 24c	CATION LOUI.	CITY OR TOWN / RULLIE Ker LESS (ZIP CODE)	ntucky
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm (MAILING ADDRESS CERT, 23d. 700 2/4 BURIAL, CREMATION, REM (SPECIFY) 24a. BUT 16.1 DATE (MONTH, DO 24d. 10/31/8) NAME OF EMBALMER	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthaven Al DIRECTOR—SIGNATI Arch L. Hea	Cemetery 24c URE 1dy & Son 12	CATION Loui. ADDI	ESS (ZIP CODE) K St. LOU	KU 40204 RECEIVED BY LOCAL REGISTRAR
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm. MAILING ADDRESS—CERT, 23d. 700 2.4 BURIAL, CREMATION, REM (SPECIFY) 24g. BUT 16.1 DATE (MONTH, DATE) 24d. 10/38/	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthauen AL DIRECTOR—SIGNATION	Cemetery 24c URE GU & Son 12 REGISTRAR SIGNATI 26a.	CATION LOUIL ADDI 201 E. O	CITY OR TOWN / SUILIB KE: LESS (ZIP CODE) K St. Lou DATE 26b	Ku. 40204 RECEIVED BY LOCAL REGISTRAR NOV 6 1076
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm (MAILING ADDRESS CERT, 23d. 700 2/4 BURIAL, CREMATION, REM (SPECIFY) 24a. BUT 16.1 DATE (MONTH, DO 24d. 10/31/8) NAME OF EMBALMER	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthaven Al DIRECTOR—SIGNATI Arch L. Hea	Cemetery 24c URE GU & Son 12 REGISTRAR SIGNATI 26a.	CATION Loui. ADDI	ESS (ZIP CODE) K St. LOU	Ku. 40204 RECEIVED BY LOCAL REGISTRAR NOV 6 1076
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm (MAILING ADDRESS CERT, 23d. 700 2/4 BURIAL, CREMATION, REM (SPECIFY) 24a. BUT 16.1 DATE (MONTH, DO 24d. 10/31/8) NAME OF EMBALMER	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthaven Al DIRECTOR—SIGNATI Arch L. Hea	Cemetery 24c URE GU & Son 12 REGISTRAR SIGNATI 26a.	CATION LOUIL ADDI 201 E. O	CITY OR TOWN / SUILIB KE: LESS (ZIP CODE) K St. Lou DATE 26b	Ku. 40204 RECEIVED BY LOCAL REGISTRAR NOV 6 1076
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm (MAILING ADDRESS CERT, 23d. 700 2/4 BURIAL, CREMATION, REM (SPECIFY) 24a. BUT 16.1 DATE (MONTH, DO 24d. 10/31/8) NAME OF EMBALMER	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthaven Al DIRECTOR—SIGNATI Arch L. Hea	Cemetery 24c URE GU & Son 12 REGISTRAR SIGNATI 26a.	CATION LOUIL ADDI 201 E. O	CITY OR TOWN / SUILIB KE: LESS (ZIP CODE) K St. Lou DATE 26b	RU 40204 RECEIVED BY LOCAL REGISTRAR NOV 6 1975
	CERTIFIER—NAME (TYPE OR 23a.) 0.2 mm (MAILING ADDRESS CERT, 23d. 700 2/4 BURIAL, CREMATION, REM (SPECIFY) 24a. BUT 16.1 DATE (MONTH, DO 24d. 10/31/8) NAME OF EMBALMER	AOVAL CEMET 24b. NY, YEAR FUNER 25g. A	ERY OR CREMATORY—A Resthaven Al DIRECTOR—SIGNATI Arch L. Hea	Cemetery 24c URE GU & Son 12 REGISTRAR SIGNATI 26a.	CATION LOUIL ADDI 201 E. O	CITY OR TOWN / SUILIB KE: LESS (ZIP CODE) K St. Lou DATE 26b	KU 40204 RECEIVED BY LOCAL REGISTRAN

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

U.S. PATENT NO's 4227720 4265469 4310180 4227719 4210346 4341404 4351547



	THIS DOCUM	ENT HAS A COLORED	BACKGROUND - N	OT A WHITE	ЕВАС	KGROUND
U. S. PUBLIC	ECURITY AGENCY HEALTH SERVICE ICE VITAL STATIST	Departme BUREAU OF V. CICS CERTIFICAT	TH OF KENTUCKY nt of Health ITAL STATISTICS E OF DEATH	State Fi		16151 ∉3
	Reg	istration District No	Primary Registration District	No. 9 / 2		
1. PLACE OF a. COUNTY		Henry,	2. USUAL RESIDEN a. STATE Kanhuc	b. COUNT	Hen	admission)
d. FULL NAME	On location)	township) STAY(in this place)	d. STREET (If ru	ers Sta.,	Ky.	e township)
3. NAME OF	a. (First)	b. (Middle)	c. (Last)		Month)	(Day) (Year)
DECEASED (Type or Pr	int)	ohn S, Batts,		OF DEATH A	ug I	2-1950.
5. SEX Male	White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MATT160	8. DATE OF BIRTH Mch29-I883	last birthday)	Months 5	Year If Under 24 Hrs. Days Hours Min.
loa. USUAL OCCU	PATION(Give kind of wor The Forking life, even	10b. KIND OF BUSINESS OR IN- DUSTRY	II. BIRTHPLACE (State or forei			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Joseph		14. MOTHER'S MAIDEN NAM Srah Jane Rife			U.S.A.
	(If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	Mrs John H	Batte		
This does not a the mode of disuch as heart fai asthenia, etc. It m	I. DISEASE OR C did (c) DIRECTLY LEAD ANTECEDENT C mean Morbid condition ting, rise to the ilbare, (a) stating the	ONDITION ONG TO DEATH (a) DEATH AUSES ON, of any, ofer DUE TO (b)	certification se becombanta ipo etable pro- rebial hemorr acaplizia	hoge wit	h	d mo.
the disease, injury complication wh caused death.	ich II. OTHER SIGN	FICANT CONDITIONS ibuting to the death but not	puterine co	ardio va	eculo.	4-20 yrs
	ERA- 196. MAJOR FIN	sease or condition causing death. DINGS OF OPERATION	ourn of left in	17	7	20. AUTOPSY?
) I9a. DATE OF OP	ION	from diamental		6 1		
		b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWN	ISHIP) (COL	UNTY)	(STATE)
21a. ACCIDENT SUICIDE	(Specify) 21	home, farm, factory, street, office bldg.	zif. HOW DID INJURY OCCU		UNTY)	(STATE)
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mon OF INJURY) 22. I hereby certii	(Specify) 21 ath) (Day) (Year) ify that I attended t	home, farm, factory, street, office bldg. etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK he deceased from ATWORK	21f. HOW DID INJURY OCCU	JR? , 19 .50 , th	iat I last	saw the deceased
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mon OF INJURY) 22. I hereby certicalive on 1 23a. DATE SIGNED 8-14-50	(Specify) 21 ath) (Day) (Year) ify that I attended t. - 12 , 19 23b. ADDRESS	home, farm, factory, street, office bldg. etc.) Zie. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCU	JR? , 19 .50 , th	iat I last	saw the deceased
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mon OF INJURY) 22. I hereby certicalive on 123a. DATE SIGNED	(Specify) 21 ath) (Day) (Year) ify that I attended to 19 23b. ADDRESS MA- 24b. DATE	home, farm, factory, street, office bldg. etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK he deceased from ATWORK	21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU	JR? , 19 .50 , th	nat I last	saw the deceased ove.
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certicalive on 123a. DATE SIGNED 3-14-50 24a. BURIAL, CREM	(Specify) 21 ath) (Day) (Year) ify that I attended t - 12 , 19 23b. ADDRESS AA- Decify) 24b. DATE AU AY 25b. REGISTRAL	home, farm, factory, street, office bldg etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from Africant At Work and that death occurred at Articles Art	21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU	, 1950, the date so carried Carrier Royal	oat I last stated ab	saw the deceased ove. (Degree or title) mty) (State)
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mon OF INJURY) 22. I hereby certicalive on 123a. DATE SIGNED 24a. BURIAL, CREMTION, REMOVAL(St. OF INJURY)	(Specify) 21 ath) (Day) (Year) ify that I attended t - 12 , 19 23b. ADDRESS AA- Decify) 24b. DATE AU AY 25b. REGISTRAL	home, farm, factory, street, office bldg etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK the deceased from Africant At Work and that death occurred at Articles Art	21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 23c. SIGNATURE 23c. SIGNATURE 24d. LO 1.0.0.F. PO 26. FUNERAL DIRECTOR	, 1950, the date so carried Carrier Royal	oat I last stated ab	saw the deceased ove. (Degree or title) (State) RESS
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certicalive on 123a. DATE SIGNED 24a. BURIAL, CREMTION, REMOVAL(SI	(Specify) 21 ath) (Day) (Year) ify that I attended t. - 19 23b. ADDRESS AA- pecify) AU BY REG. 25b. REGISTRAIR REG. 270 AU 270 271 281 282 283 284 285 285 286 287 287 288 288 288 288 288	home, farm, factory, street, office bldg etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK SO, and that death occurred at Washington, The Castle, The Res SIGNATURE Res SIGNATURE M. Mark OF CEMETER Res SIGNATURE	21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 23c. SIGNATURE 23c. SIGNATURE 24d. LO 1.0.0.F. PO 26. FUNERAL DIRECTOR	, 1950, the date so carried Carrier Royal	oat I last stated ab	saw the deceased ove. (Degree or title) (State) RESS RESS
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certicalive on 123a. DATE SIGNED 24a. BURIAL, CREMTION, REMOVAL(SI	(Specify) 21 ath) (Day) (Year) ify that I attended t - 12 , 19 23b. ADDRESS AA- Decify) 24b. DATE AU AY 25b. REGISTRAL	home, farm, factory, street, office bldg etc.) Zie. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK he deceased from Art of the deceased from Ar	21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 21f. HOW DID INJURY OCCU 23c. SIGNATURE 23c. SIGNATURE 24d. LO 1.0.0.F. PO 26. FUNERAL DIRECTOR	, 1950, the date so carried Carrier Royal	oat I last stated ab	saw the deceased ove. (Degree or title) (State) RESS



RAL SECURITY AGEN	Departm	ent of Health	50 State File No. 110	8-2841
UBLIC HEALTH SERV L OFFICE VITAL STAT	ICE BUREAU OF V	TTAL STATISTICS TE OF DEATH Primary Registration District		97
NTY FOR	ison	a. STATE RY	* COUNTY	institution residence before admission)
tous	Cowminsto) STAT (in this place)	OR TOWN	moul	50-
TITUTION location)	resol 04	ADDRESS 105	w ky	(Day) (Year)
ASED (Print)	deam	Shelton 18. DATE OF BIRTH	OF DEATH	-7-5
t ou	(2)	1-5	last history) Months	
luring most of working life, e	von it DUSTRY	Muson	Cell Ky	WHAT COUNTRY
CEASED EVER IN U. S. AR	MED FORCEST 16. SOCIAL SECURIT	17. INFORMANT	malfi	
OF DEATH	MEDICAL	GERTIFICATION _		INTERVAL BETWEEN
(b), and (c) DIRECTLY L	EADING TO DEATH* (a)	monckoful	umana)	
e of dying, ing rise to seart failure, (a) stating stc. It means cause last.	the above cause the underlying	actions of	livis	
ath. Conditions of	GNIFICANT CONDITIONS contributing to the death but not	332 X -0	72.475	7
	FINDINGS OF OPERATION			20. AUTOPSY? YES NO Z
DE	21b. PLACE OF INJURY (e.g., in or ab home, farm, factory, street, affice blo etc.)	21c. (CITY, TOWN, OR TOWN	SHIP) (COUNTY)	(STATE)
by certify that I attend	ed the deceased from [-2-3]		,,	last saw the deceased late stated above.
SIGNED 236 LADDRESS	ville C	23c. SIGNATURE	Thream!	(Degree or title)
AL, CREMA- 40VAL(Specify)	50 Fairmount Cement	TO OR CHEMATORY MELLE	derson Kentu	State)
	TRAR'S SIGNATURE	Owen Funeral Ho	A STATE OF THE PARTY OF THE PAR	ADDRESS nia Avenue
n 1950 (For Tapp Funera	1.000	rson, Ry.
				WWO
	CE OF DEATH NITY Committee VITAL STAT CE OF DEATH NITY Committee Committe	RAL SECURITY AGENCY UBLIC HEALTH SERVICE Registration District No. LOCAL REG. Registration District No. CERTIFICA DISTRICT BUREAU OF 1 CERTIFICA MEDICAL MEDICAL SECURIT SEC	URLIC HEALTH SERVICE LOFFICE VITAL STATISTICS Registration District Registration District	COMMONWEALTH OF KENTUCKY UBLIC HEALTH SERVICE L OFFICE VITAL STATISTICS CERTIFICATE OF DEATH NTY Redistration District No. Primary Registration District No. COITY (II outs) of office of County No. COITY (II outs) of office of County No. Primary Registration District No. COITY (II outs) of office of County No. COITY (II outs) of office office office office office of County No. Primary Registration District No. COITY (II outs) of office

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 _

U.S. PATENT NO's 4227720 4265469 4310180 4227719 4210346 4341404 4351547

Barbara F. White, State Registrar



	SS: 407-64-40-89		D OFF	EPARTMENT OF	HEALTH ATISTICS	FILE NO.	116	71 30515
	XC: 1 149 797	ration District	755	RTIFICATE OF	gistration District	227		
1		J. Eve			LAST SEX Ma.	e	Decembe:	nonth. DAY 1971
11	1. RACE WHITE, NEGRO, AMERICAN INDIAN,		UNDER 1 YEAR	UNDER 1 DAY	ATE OF BIRTH (M	ONTH, DAY,	COUNTY OF DEAT	TH
,49	ETC. (SPECIFY) White 4. CITY, TOWN, OR LOCATION OF DI	Sa. ((5b.	HOURS MIN. 7	Aug. 26,	1894 N-NAME	7a. Jefferso	N YE STREET AND NUMBER!
CEASED	7b. Louisville	CITIZEN OF	15PECIFY YES OR NOT	7d. Veterans	Administ	ratio	Hospital	, Louisville, Ky.
RESIDENCE DECEASED	STATE OF BIRTHUF NOT IN U.S.A., Kentucky	. U.S	.A.	Marrie	d ISPECIFY	Maryl	in Hill	
IF DEATH ED IN TION, GIVE CE BEFORE	SOCIAL SECURITY NUMBER	WORKING LIFE,		of WORK DONE DURING	MOST OF KIND C	F BUSINES	S OR INDUSTRY	
ON.	RESIDENCE-STATE COUNTY	13a. 052 ferson		OR LOCATION	INSIDE	OR NO	STREET AND NUM	BER James Ct.
	FATHER—NAME HEST		NIDDLE	LAST MO	THER-MAIDEN I	VAME	FIRST	MIDDLE LAST
RENTS	15.	er Ever	sole	16.	Jackson	· · · · · · · · · · · · · · · · · · ·		Eversole
	INFORMANT—NAME	sole - 1	Widow	MAILING ADDR	7777 7770 777 (000000)	360,9000 00	B. NO., CITT OR TOWN Louisville	50005
	PART I. DEATH WAS CA		- 11	2000			a), (b), AND (c)]	APPROXIMATE INTERVAL
	18. IMMEDIATE	- X		1. 7.1	35-181			
		rterios:		meart disea	is e			
	CONDITIONS, IF ANY,	K AS A CONSEQUE	ncs Ors	7574				
	WHICH GAVE RISE TO (b)							(A - A) - 12 19 - A) - 18
	STATING THE UNDER- DUE TO, O	R AS A CONSEQUE	NCE OF:	1000000				
AUSE	(c)							
	PART II. OTHER SIGNIFICANT CONDITIONA Carcinoma			EATH BUT NOT RELATED	O CAUSE GIVEN IN P.	kti(a)	AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH
	ACCIDENT, SUICIDE, HOMICIDE, DA		(MONTH, DAY, YEAR	HOUR	HOW INJURY O	CURRED (EN	19a.	IN PART I OR PART II, ITEM 18)
				20c. M				
	OR UNDETERMINED (SPECIFY) 20g. INJURY AT WORK PLACE OF IN	The second secon	FARM, STREET, FACTOR		STREET OR R.	F.D. NO., CITY	OR TOWN, STATE)	
	20g. 20l INJURY AT WORK PLACE OF IN OFFICE BLDG., 20e. 20f.	JURY AT HOME, ETC. (SPECIFY)	FARM, STREET, FACTOR	Y, LOCATION	(STREET OR R.		OR TOWN, STATE)	
	20g. 20l INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLDG., 20e. 20f. CERTIFICATION— MONTH DAY	JURY AT HOME, ETC. (SPECIFY)	MONTH DAY	Y, LOCATION 20q. YEAR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(STREET OR R.			OCCURRED AT THE PLACE, ON THE
	20a. 201 INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLDG., 20e. 20f. CERTIFICATION— MONTH DAY PHYSIGNA'A ATTENDED THINOV. 17, 21a. DECRASED FROM CERTIFICATION—MEDICAL EXAMI	YEAR 1971 TO VER OR CORO	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS O	Y, LOCATION 20g. YEAR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(STREET OR R. AN ACK THE MENTAL OF THE DECEMENT	BODY AFTE	NOT XIDENTILE DEATH (HOUR) 216.	A. M.TO THE CAUSE(S) STATED.
ERTIFIER	20g. 20l INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLDG., 20e. 20f. CERTIFICATION— MONTH DAY PHYSIGIAVA ATTENDED THE NOV. 17, 21g. DECEASED FROM CERTIFICATION—MEDICAL EXAMIL EXAMINATION OF THE BODY AND/OR THE IN DEATH OCCURRED ON THE DATE AND DUE TO 22g.	YEAR 1971 TC VER OR CORO VESTIGATION, IN THE CAUSE(S) STA	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS O MY OPINION.	Y LOCATION 20g. YEAR OUTCOSCS 1971 21c. FINE HOUR OF DE	(STREET OR R. ASCHOOK DE SARVO DAY YEAR	BODY AFTE 21d. WAS PRONOU	NOTED AND DEATH (HOUR) 21e. NCED DEAD DAY YEAR	OF MY KNOWLEDGE, DUE A. M. TO THE CAUSE(S) STATED. HOUR M.
ERTIFIER	20a. 201 INJURY AT WORK (SPECIFY YES OR NO) OFFICE BLOS., 20e. 20f. CERTIFICATION— MONTH DAY PHYSICIAL'A ATTENDED THINOV. 17, 21a. DECASED FROM CERTIFICATION—MEDICAL EXAMIL EXAMINATION OF THE BODY AND/OR THE IN BEATH OCCURRED ON THE BOTE AND DUE TO 27a. CERTIFIER—NAME TOPE ON-PRINTING CERTIFIER—NAME TOPE ON-PRINTING 23a. CERTIFIER—NAME TOPE ON-PRINTING 23b. CERTIFIER—NAME TOPE ON-PRINTING 23c. CERTIFIER—NAME TOPE O	YEAR 1971 TC VER OR CORO VESTIGATION, IN THE CAUSE(S) STA	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS OF MY OPINION, NEED.	Y, LOCATION 20a. YEAR COMMUNICATION 1 971 21c. OF THE HOUR OF DE. SIGNATURE 23b.	STREET OR R. SOUDCHEARDSO DAY YEAR WITH THE DECEDENT MONTH M. 22b.	BODY AFTE 21d. WAS PRONOUTED BEGREE	NOTICUS ATTER DEATH (HOUR) 216. NCED DEAD YEAR E ORNITUE DE	A. M.TO THE CAUSE(S) STATED.
ERTIFIER	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D ration	MONTH DAY Dec. 2, 21b. NER: on the Basis of MY OPINION. STREET OR HOSpital.	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. OF THE HOUR OF DE. SIGNATURE RF.D. NO. LOUISVILL	(STREET OR R. BY MORTH THE DECEDENT MONTH M. 22b. CITY OR TO Kentuc	BODY AFTE 21d. WAS PRONOU	NOTECON THE DEATH (HOUR) 219. NICED DEAD VEAR E OR TITLE 202 STAT	A. M. TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3C. / Q / Q / / (7) / (7) TE ZIP
ERTIFIER	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: on the Basis of MY OPINION. STREET OR HOSpital. OR CREMATORY- VE Hill Ce	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTE DEATH HOURS 219. NICED DEAD YEAR E OR HITLE D D 2 CITY OR TOWN R MEDITION OF TOWN R M MEDITION OF TOWN R M MEDITION OF TOWN R M M M M M M M M M M M M M M M M M M	A. M.TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3C. / (20 / 10 / 9) / TE ZIP STATE
JRIAL JRIAL	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS OMY OPINION. STREET OR HOSpital. OR CREMATORY-	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTATION THE DEATH (HOUR) 21e. NCED DEAD YEAR E OR TITLE 202 STAT	A. M.TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3C. / (20 / 10 / 9) / TE ZIP STATE
	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: on the Basis of MY OPINION. STREET OR HOSpital. OR CREMATORY- VE Hill Ce	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTE DEATH HOURS 219. NICED DEAD YEAR E OR HITLE D D 2 CITY OR TOWN R MEDITION OF TOWN R M MEDITION OF TOWN R M MEDITION OF TOWN R M M M M M M M M M M M M M M M M M M	A. M.TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3C. / (20 / 10 / 9) / TE ZIP STATE
	20a. 201 INJURY AT WORK (SPECIFY YES OR NO) 20e. CERTIFICATION— MONTH DAT PHYSICIAN: A ATTENDED THINOV. 17, 21a. DECASED FROM CERTIFICATION—MEDICAL EXAMIL EXAMINATION OF THE BODY AND/OR THE IND DATH OCCURRED ON THE BODY AND/OR THE IND CERTIFIER—NAME TOPE OLYPHING MAILING ADDRESS—CERTIFIER 23d. Terans Administ BURINAL, CREMATION, REMOVAL (SPECIFY) Burial 24d. DATE 24d. Dec. 5, 1971	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS OF OPEN CONTROL STREET OR HOSDITAL. OR CREMATORY- WE HILL CO	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTE DEATH HOURS 219. NICED DEAD YEAR E OR HITLE D D 2 CITY OR TOWN R MEDITION OF TOWN R M MEDITION OF TOWN R M MEDITION OF TOWN R M M M M M M M M M M M M M M M M M M	A. M. TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3G. / Op / 10 / 7 / E ZIP STATE STATE STATE THE STATE
	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS OF OPEN CONTROL STREET OR HOSDITAL. OR CREMATORY- WE HILL CO	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTE DEATH HOURS 219. NICED DEAD YEAR E OR HITLE D D 2 CITY OR TOWN R MEDITION OF TOWN R M MEDITION OF TOWN R M MEDITION OF TOWN R M M M M M M M M M M M M M M M M M M	A. M. TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3c. / O. / O. / O. / O. / STATE STATE V LLL K. C. 402 DL NG LEGESTVED BY LOCAL REGISTRAR
	20a. 20d. 20d. 20d. 20d. 20d. 20d. 20d. 20d	JURY AT HOME, (SPECIFY) YEAR 1971 TO NER OR CORO VESTIGATION, IN THE CAUSE(S) ST/ TA, M.D CEMETERY 24b. Car	MONTH DAY Dec. 2, 21b. NER: ON THE BASIS OF OPEN CONTROL STREET OR HOSDITAL. OR CREMATORY- WE HILL CO	Y LOCATION 20a. YEAR OUTCOSCI 1971 21c. DEFINE HOUR OF DE. SIGNATURE 236. R.F.D. NO. LOUIS VILL. NAME emetery	STREET OR R. SOUDCHOS AREA DAY YEAR AND THE DECEDENT MONTH M. 22b. CITY OR TO KENTUC LOCATION	DEGREE WAS PRONOUL	NOTE DEATH HOURS 219. NICED DEAD YEAR E OR HITLE D D 2 CITY OR TOWN R MEDITION OF TOWN R M MEDITION OF TOWN R M MEDITION OF TOWN R M M M M M M M M M M M M M M M M M M	A. M. TO THE CAUSE(S) STATED. HOUR M. ATE SIGNED (MONTH, DAY, YEAR) 3G. / Op / 10 / 7 / E ZIP STATE STATE STATE THE STATE



FORM V.S. (REV. 1/68)	
DECEASED USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	DECEASED—NAME Note
PARENTS	TAGL RY. 146. STIPS 146. STIPS 146. STUDIES
CERTIFIER	INJURY AI WORK (SPECIFY YES OR NO) 200. 201. 202. 203. 204. CERTIFICATION—MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON I DID/DID NOT VIEW THE HOUR! ATTENDED THE 21d. 21d.

U.S. PATENT NO.'s 4227720 4265469 4310100 4227719 4210346 4341404 4351547



Barbara F. White, State Registrar

rm V.S. No. T-A ev. 1/68)	COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH OFFICE OF VITAL STATISTICS 116, 70 4793
	CERTIFICATE OF DEATH REGISTRAR'S NO. 144 Registration District No. 1141 Primary Registration District No. 7671
DECEASED—NAME	FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Rec. (SPECIFY)	AN INDIAN, AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, COUNTY OF DEATH BIRTHDAY (YEARS) MOS. DAYS HOURS MIN. YEAR!
4. Whit	te 50. 77 55/0 1/1 5c. 6. Feb. 24, 1892 7a. 0 1 ahara
76. Pe Wee	Valley Specify yss or Not 7d. Po We & Valley Hospital 3 NU.S.A., CITYZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURMYING SPOUSE (IF WIFE, GIVE MAIDEN NAME) WIDOWED, DIVORCED (SPECIFY) WIDOWED, DIVORCED (SPECIFY) WIDOWED, DIVORCED (SPECIFY)
DECEASED 8. MEHTUCK	9, 5 10.77(4) 10.77(4) 10.77(4) 11.77(4
IF DEATH ED IN SOCIAL SECURITY NUMI FION, GIVE CE BEFORE ON. SOCIAL SECURITY NUMI 12. 404-05-6 RESIDENCE—STATE	
on. RESIDENCE—STATE	COUNTY 256-067 CITY, TOWN, OR LOCATION INSIDE CITY IN MISSE CITY IN MISS
FATHER—NAME 15. George	- 11 x x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
INFORMANT—NAME	MAILING ADDRESS ISTREET OR R.F.D., NO., CITY OR TOWN, STATE, ZIP) 47/30
PART I. DEATH	H WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b); AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.	(a) Acute alcoholic psychosis with cerebral edema 4 days
CONDITIONS, IF ANY,	(b) Arteriosclerotic heart disease years
IMMEDIATE CAUSE (Q), STATING THE UNDER- LYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (c)
CAUSE PART II. OTHER SIGNIFICAN	NT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY IF YES WERE FINDINGS CON- (YES OR NO) SIDERED IN DETERMINING CAUSE
ACCIDENT, SUICIDE, HOMIC OR UNDETERMINED (SPECIF	CIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART II, ITEM 18)
20a.	20b. 20c. M. 20d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) FIFICE BLOG., ETC. (SPECIFY)
20e. 20	OF. 20g. ONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIYE ON I DID/DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE DEST. CHOICE DAY YEAR BODY AFFER DEATH. (HOUR) A DATE, AND, TO THE BEST
PHYSICIAN: 1 ATTENDED THE 21a. DECEASED FROM CERTIFICATION, MEDIC	30 70 21b. 2 5 70 21c. 2 4 70 21d. not 21e. 7 1 3 5M. TO THE BASIS OF THE HOUR OF DEATH THE DECEDENT WAS PRONOUNCED DEAD
EVALUATION OF THE RODY AN	ND/OR THE INVESTIGATION, IN MY OPINION. E AND DUE TO THE CAUSE(S) STATED. M. 22b. M.
CERTIFIER—NAME CITYPE C 23a. H. Bur	OR PRINTI OR PRINTI OR PRINTI DATE SIGNED (MONTH, DAY, YEAR) 23b. STATE S
	It. Mercy Drive Pewee Valley Kentucky 40056 REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
1SPECIFYI BUTIO	
BURIAL 24d. Felo 9,1	(LIC. NO.) REGISTERAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTERAR
25b. 1/0754	N. WORD SC47 (200) Chiliff St Tolerand
	Suffering W. Park
	E COLOR WE WITH
THE BACK OF THE	DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

U.S. PATENT NO.'s 4227720 4265469 4310180 4227719 4210346 4341404 4351547



HE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND COMMONWEALTH OF KENTUCKY FORM V.S. NO. T-A REV. 1-56 FEDERAL SECURITY AGENCY U.S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO Primary Registration District No. 2275 Registration District No. 2. USUAL RESIDENCE 1. PLACE OF DEATH b. COUNTY a. STATE Jefferson Jefferson Kentucky b. CITY (If outside corporate limits, write RURAL and OR TOWN Louis ville IS RESIDENCE ON A FARM? c. LENGTH OF c. CITY OR NO X YES | Louisville IS RESIDENCE INSIDE CITY LIMITS? (If not in hospital or institution, give 1748 Shady Lane d. STREET ADDRESS d. FULL NAME OF HOSPITAL OR INSTITUTION 1748 Shady Lane YES K NO (Month) (Day) c. (Last) 4. DATE b. (Middle) 3. NAME OF DECEASED Jan. 17, 1956 Benjamin Perry DEATH (Type or Print) 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)
White married 9. AGE (In yes If Under 1 Year If Under 24 Hrs. 8. DATE OF BIRTH 7/13/1887 male 10g. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Used Car Bealer 11. BIRTHPLACE (State or foreign 10b. KIND OF BUSINESS OR IN-12. CITIZEN OF WHAT COUNTY? Owenton, Ky. 14, MOTHER'S MAIDEN NAME Benjamin G. Perry 17. INFORMANT Nell Hill Perry 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service no MEDICAL CERTIFICATION 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: Coronary Occulation DUE TO (b) Sclerosis of coronary arteries. DUE TO (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20. ACCIDENT Hour Month, Day, Year a. m. p. m. INJURY 21d. PLACE OF INJURY (s. g., in or about home, farm, factory, street, office bldg., etc.) 21c. INJURY OCCURRED WHILE AT AT WORK _, 19 56, that I last saw the deceased 22. I hereby certify that I attended the deceased from Aug. 5, 19 53, to Jan. 17 . 19 56 and that death occurred at 12:30m., from the causes and on the date stated above. 23a. DATE SIGNED 23b. ADDRESS 600 W. Oak St. 23c. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY Resthaven 26. FUNERAL DIRECTOR L. D. Pearson & Son, 1310 S. Third St. JAN 27 1956 BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE 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 hafe hareunto subscribed my caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this

U.S. PATENT NO's 4227720 4265469 4310180 4227719 4210346 4341404 4351547

Barbara F. White, State Registrar



v.s. NO	COMMONWEALTH OF KENTUCKY 116 77 30182
11-73)	DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116 REGISTRAR OF VITAL STATISTICS CERTIFICATE OF DEATH REGISTRAR'S NO.
	Registration District No Primary Registration District No DATE OF DEATH (MONTH, DAY, YEAR)
	DECEASED—NAME FIRST CO. 1977
1	1. BSS DE LA LANGE AND LAN
	etc. (SPECIFY) / White SIRTHDLY CLARS MOS. DAYS HOURS MIN. 10-11-19-1900 70 Jefferson
	4. Sb. Sc. Sc. Sc. Sc. Sc. Sc. Sc. Sc. Sc. Sc
ASED	CTATE OF BIRTHUR NOT IN U.S.A. CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
	HAME COUNTRY I S A WINDOWS OF THE STATE OF T
DEATH IN	SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF KIND OF BUSINESS OR INDUSTRY
N, GIVE	12. TOO-OJ-7207 [13d. STREET AND NUMBER
	RESIDENCE—STATE COUNTY 6 3 CITY, TOWN, OR LOCATION INSIDE CITY TOWN, OR LOCATION INSIDE CI
	MOTHER MAIDEN NAME FIRST MIDDLE LAST
ENTS	FATHER—NAME FIRST MIDDLE TO THE TOTAL TOTA
	INFORMANI-NAME
,	170.Mrs. Marilyn Eversole 176. 1312 Barret Ave. Louisville, Ry 40204 April 176. 1312 B
	TR. IMMEDIATE CAUSE
	(a) Probable Coronary Occlusion
	CONDITIONS, IF ANY,
	IMMEDIATE CAUSE (Q), STATING THE UNDER- DUE TO, OR AS A CONSEQUENCE OF:
	LYING CAUSE LAST (c) AUTOPSY IF YES WERE FINDINGS CON-
AUSE	PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN TAXA 1 (4)
	ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART II, ITEM 18)
	OR UNDETERMINED (SPECIFY) 20b. 20c. M. 20d.
	INJURY AT WORK INJURY AT WORK OFFICE BLOG., BTC. (SPECIFY) STREET OR R.F.D. NO., CITY OR TOWN, STATE)
	206. 20f. 20g. AND LAST SAW HIM/HER ALIYE ON I DID/DID NOT VIEW THE DEATH OCCURRED AT THE PLACE, ON THE CERTIFICATION— MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR BODY AFTER DEATH. (HOUR) DATE, AND, TO THE BEST
	PHYSICIAN: 1 ATTENDED THE 216. OF MY KNOWLEDGE, DUE M.TO THE CAUSE(S) STATED.
	A DECEASED FROM MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE HOUR OF DEATH THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR OF DEATH WAS PRONOUNCED DEAD MONTH OF DEATH OF THE DECEDENT WAS PRONOUNCED DEAD MONTH OF DEATH OF THE DECEMBER.
RTIFIER	
1	CERTIFIER NAME TYPE OF PREATHOUSE, CORONER 20-BY: 2
	MAILING ADDRESS—CERTIFIER Building Louisville Kentucky 40202
	23G. OUT OF THE TERY OF CREMATORY NAME LOCATION CITY OR TOWN STATE
	124D.
URIAL	Arch L. Heady and Son 1701 L. Oghan Both 1901 L. Oghan Both 1901 L.
	NAME OF EMBRIMERS parks (LIG 6196 REGISTRAR - SCHOOL REGISTRAR - SCHOO
	NAME OF EMBRIMERS parks (LIG 6146 REGISTRAK—SCALLER COLOR TO THE RECEIVE A TOOL THE PARK TO THE RECEIVE AT THE PARK TO THE P

U.S. PATENT NO: 4227/728 4254468 4318188 4227/73
4218246 434108 4351347

Barbara J. White