

DELAY

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State No. **19096**
Registrar's No. **63**Registration District No. **825**Primary Registration District No. **6421**

1. PLACE OF DEATH a. COUNTY Larue				2. USUAL RESIDENCE (Where deceased lived, or last usual residence before admission) a. STATE Ky b. COUNTY Larue			
b. CITY (If within corporate limits, write FULL and give location) OR TOWN Paris		c. LENGTH OF STAY (If in hospital)		c. CITY (If within corporate limits, write FULL and give locality) OR TOWN Rural Route # 2		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) SALLIE b. (Middle) c. (Last) BASS				4. DATE OF DEATH (Month) (Day) (Year) Aug 7 - 1949			
5. SEX F	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH April 7 - 1913		9. AGE AT DEATH (In months) 36	10. Under 1 Year 11. Under 1 Year 12. Under 1 Year 13. Under 1 Year
10a. USUAL OCCUPATION (Give kind of work done during most of working life, see II outside)				10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Ky	
12. FATHER'S NAME Mat. Unknown				13. MOTHER'S MAIDEN NAME Mat. Unknown			
14. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates of service)				15. SOCIAL SECURITY NO. None		17. INFORMANT Sherman Newitt	
18. CAUSE OF DEATH (If more than one cause give for 1a), 1b), and 1c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma Cervix Uteri ANTECEDENT CAUSES II. OTHER SIGNIFICANT CONDITIONS				MEDICAL CERTIFICATION Interval between onset and death 2 yrs.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 171X - 45A		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, hotel, other building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Larue Hardin Ky			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7/1 , 1949 to 8/7 , 1949, that I last saw the deceased alive on 8/4 , 1949, and that death occurred at 12 P.M. , from the cause and on the date stated above.							
23a. DATE SIGNED 5/8/49		23b. ADDRESS Larue, Ky.		23c. SIGNATURE (Degree or title) R. T. Smith M.D.			
24a. DATE OF CREMATION, REMOVAL, OR BURIAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Larue Ky	
25. DATE REC'D BY LOCAL REG. 9-3-49		25b. REGISTRAR'S SIGNATURE Hallie Taylor		25a. FUNERAL DIRECTOR'S ADDRESS 171X - 45A			