

Registrar of Vital Statistics

Certified Copy



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

FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u> REGISTRAR'S NO. <u>73</u>
Place of Birth of Deceased: <u>2</u>		Registration District No. <u>1205</u>		Primary Residence District No. <u>8001</u>
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived for 1 year or more) a. STATE <u>Kentucky</u> & COUNTY <u>Meigs</u>		
b. CITY OR TOWN <u>Northfield</u>		c. LENGTH OF STAY IN CITY OR TOWN <u>28 yrs</u>	c. CITY OR TOWN <u>Northfield</u>	
d. FULL NAME OF DECEASED (as in hospital or institution, or street address or hospital or institution)		d. STREET ADDRESS (If rural, give locality)		
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Polton</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>26</u> (Year) <u>52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, OR SEPARATED <u>Widowed</u>	8. DATE OF BIRTH <u>1/4/1869</u>	9. AGE (In years, months, and days) Years <u>83</u> Months <u>2</u> Days <u>12</u>
10a. USUAL OCCUPATION (Night and day) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. DISTRICT PLACE (State or foreign country) <u>Laurel County, Kentucky</u>
12. FATHER'S NAME <u>unknown</u>		13. MOTHER'S MAIDEN NAME <u>Martha Anderson</u>		
14. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Ben Bolton--son</u>	
16. CAUSE OF DEATH (State with as much detail as possible)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		INTERNAL BETWEEN DEATH AND DEATH <u>See above</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION <u>2001-091-17</u>		22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. ACCIDENT (Specify) SUICIDE HOMICIDE		19b. PLACE OF INJURY (Specify)		19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
20. TIME OF INJURY		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23. HOW DID INJURY OCCUR? <u>Diagnosis made from history</u>
22. I hereby certify that I attended the deceased from _____ to _____, that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.				
24. DATE SIGNED <u>4/1/52</u>		25. ADDRESS <u>Somerset Ky</u>		26. SIGNATURE (Print or type) <u>East Meigs Med. - H.O.</u>
27. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		28. DATE <u>3/29/52</u>	29. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
30. LOCATION (City, town, or country) (State) <u>Greenwood, Kentucky</u>		31. GENERAL DIRECTOR'S SIGNATURE <u>Kenneth Macewan Stearns, Jr</u>		



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

I, Sandra J. Davis, 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 whereof 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 June, 1952.


 Sandra J. Davis, State Registrar