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

FILE NO. 116 53- 27067

REGISTRAR'S NO. 2

Registration District No. 1205 Primary Registration District No. 1104

1. PLACE OF DEATH
a. COUNTY Rock Castle
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockcastle Green
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived if institution, residence before admission)
a. STATE Ky
b. COUNTY Rockcastle
c. CITY OR TOWN (If outside corporate limits write RURAL and give township) Rockcastle Green
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Gentry

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 53

5. SEX F

6. COLOR OR RACE W Cau

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1-14-1868

9. AGE (In years last birthday) 85 (If under 1 year: Months / Days; If under 24 hrs.: Hrs. / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY OD

11. BIRTHPLACE (State or foreign country) Rockcastle Co Ky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. N. Brown

14. MOTHER'S MAIDEN NAME Ellen McGreevey

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 Ben Shepard

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 522X-047-28

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1953 to 12/28, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 8:15 P m., from the cause and on the date stated above.

23a. DATE SIGNED 12/29/53

23b. ADDRESS Mt Vernon Ky

23c. SIGNATURE Leander Mayfield MD

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-30-53

24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery

24d. LOCATION (City, town, or county) Rockcastle Co (State) Ky

25a. DATE REC'D BY LOCAL REG. 12/30/53

25b. REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR ADDRESS Lord Carl Mt. Vernon, Ky.