

Registrar of Vital Statistics

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617957
FORM V.S. NO. 1-A
REV. 5-77

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HUMAN RESOURCES FILE NO. 116 78 646
REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DEATH REGISTRAR'S NO. 20

Registration District No. 655 Primary Registration District No. 5711

DECEASED
SEXUAL RESIDENCE WHERE DECEASED DIED, IF DEATH OCCURRED IN INSTITUTION, NURSING HOME, OR SPECIAL ADMISSION.

1. DECEASED—NAME FIRST: <u>EMMA</u> MIDDLE: <u>HOPKINS</u> LAST: <u>FEMALE</u>		DATE OF DEATH (MONTH, DAY, YEAR) <u>JAN 19, 1978</u>	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) <u>White</u>		AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) <u>77</u>	
CITY, TOWN, OR LOCATION OF DEATH <u>HARLAN</u>		COUNTY OF DEATH <u>HARLAN</u>	
7b. STATE OF BIRTH (NOT IN U.S.A., NAME COUNTRY) <u>Ky</u>		CITIZEN OF WHAT COUNTRY <u>USA</u>	
8. SOCIAL SECURITY NUMBER		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED <u>MARRIED</u>	
12. RESIDENCE—STATE <u>Ky</u>		13b. OWN HOME	
14a. <u>HARLAN</u>		14b. <u>Logan</u>	
FATHER—NAME FIRST: <u>John</u> MIDDLE: <u>Taylor</u> LAST: <u>EMMA OWENS</u>		MOTHER—MAIDEN NAME <u>EMMA OWENS</u>	
17a. <u>Helen Vonce (Daug)</u>		17b. <u>Logan, Ky. 40854</u>	

PARENTS

15. FATHER—NAME FIRST: <u>John</u> MIDDLE: <u>Taylor</u> LAST: <u>EMMA OWENS</u>		MOTHER—MAIDEN NAME <u>EMMA OWENS</u>	
17a. <u>Helen Vonce (Daug)</u>		17b. <u>Logan, Ky. 40854</u>	

CAUSE

PART I. DEATH WAS CAUSED BY: 18. <u>4109</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
19. IMMEDIATE CAUSE <u>Unrecorded injuries</u>			
20. CLINICAL HISTORY <u>Unrecorded injuries</u>			

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a), (b), AND (c)		AUTOPSY (Yes or No) <u>No</u>		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
21. <u>None</u>					
22. INJURY AT WORK (Specify Yes or No) <u>No</u>		23. PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>None</u>		24. LOCATION (Street or R.F.D. No., City or Town, State) <u>None</u>	
25. CERTIFICATION—PHYSICIAN (Specify Yes or No) <u>Yes</u>		26. DATE OF INJURY (MONTH, DAY, YEAR) <u>1-19-78</u>		27. HOUR <u>11 P.M.</u>	
28. CERTIFICATION—MEDICAL EXAMINER OR CORONER (Specify Yes or No) <u>Yes</u>		29. DATE OF DEATH <u>1-19-78</u>		30. HOUR OF DEATH <u>11 P.M.</u>	
31. CERTIFIER—NAME (Print or Print) <u>Philip J. Boyley M.D.</u>		32. SIGNATURE <u>Philip J. Boyley</u>		33. DATE SIGNED (MONTH, DAY, YEAR) <u>24 Jan 78</u>	
34. MAILING ADDRESS—CERTIFIER <u>Daniel Boone Clinic, Harlan, Ky. 40831</u>		35. CITY OR TOWN <u>Harlan, Ky.</u>		36. STATE <u>Ky.</u>	

BURIAL

37. BURIAL, CREMATION, REMOVAL <u>Burial</u>		38. CEMETERY OR CREMATORY—NAME <u>Ashwood Cem</u>		39. LOCATION <u>Wt. Vernon, Ky.</u>	
40. DATE <u>1-22-78</u>		41. FUNERAL DIRECTOR—SIGNATURE <u>Raymond K. Whitlock</u>		42. ADDRESS (ZIP CODE) OF FUNERAL HOME <u>Box 78, Logan, Ky. 40854</u>	
43. NAME OF FUNERAL HOME <u>Logan Funeral Home</u>		44. REGISTRAR—SIGNATURE <u>Ernest McCalland</u>		45. DATE RECEIVED BY SOCIAL REGISTRAR <u>1-24-78</u>	



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

I, _____, 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 20th day of Nov. 1978.

20 BB DP
Abey C. Ketchum
State Registrar

ALL INFORMATION ON THIS CERTIFICATE IS CONFIDENTIAL AND NOT TO BE RELEASED TO THE PUBLIC