

Lucinda Howard Hopkins - d/o John Covey Howard & Mary F. Morris

Registrar of Vital Statistics
Certified Copy



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

617959

FORM V.S. NO. 1-A
REV. 5-29
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
REGISTRAR'S NO. 365

Registration District No. 655 Primary Registration District No. 5711

57-11948

1. PLACE OF DEATH
a. COUNTY Harlan
b. CITY OR TOWN Mallins
c. LENGTH OF STAY IN 1957 10
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME - WALLINS - ROLL
e. STREET ADDRESS Rural Wallins

2. USUAL RESIDENCE
a. STATE Ky
b. COUNTY Harlan
c. CITY OR TOWN Mallins
d. STREET ADDRESS Rural Wallins

3. NAME OF DECEASED
Lucinda Hopkins
4. DATE OF DEATH 5-16-57

5. SEX F
6. COLOR OR RACE W
7. MARRIAGE STATUS Widowed
8. DATE OF BIRTH 2-16-1867
9. AGE 90

10. USUAL OCCUPATION Nurse
11. KIND OF BUSINESS OR INDUSTRY Home Super
12. BIRTHPLACE Kentucky
13. CITIZENSHIP U.S.A.

14. FATHER'S NAME John C. Howard
15. MOTHER'S MAIDEN NAME Mary F. Morris

16. WAS DECEASED EVER IN U. S. ARMED FORCES? No
17. SOCIAL SECURITY NO. 4200-081-16
18. INFORMANT James S. Dole

19. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE BY Arterio Sclerotic Heart Disease
CONDITIONS OF DEATH WHICH WERE NOT CAUSING DEATH AT THE TIME OF DEATH
DUE TO (a) Coronary Sclerosis 10 yrs?
DUE TO (b) Generalized Arterio Sclerosis 15 yrs?

20. ACCIDENT INJURY
21. DISEASE HOW INJURY OCCURRED (Specify nature of injury in Part I or Part II of Item 19.)
22. I hereby certify that I attended the deceased from 4/2/57 to 5/16/57 that I last saw the deceased alive on 5/14/57 and that death occurred at 11 P.M. on the date stated above.

23. DATE SIGNED 5/28/57
24. ADDRESS LOYALL, KY.
25. SIGNATURE James S. Dole

26. DATE 5-20-57
27. NAME OF CEMETERY OR CREMATORY Marrow Ohio Marrow Ohio
28. LOCATION (Street, town, or city) Harlan Harlan Ky

29. DATE RECORDED June 4, 1957
30. REGISTRAR'S SIGNATURE Kella Skidmore
31. FUNERAL DIRECTOR'S SIGNATURE Harlan Funeral Home Harlan Ky

Dr. Galey

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- 1957.

State Registrar