

Sarah Howard Brock - d/o John Covey Howard & Mary F. Morris

Registrar of Vital Statistics  
Certified Copy



617958

617958 DELAY COMMONWEALTH OF KENTUCKY 58- 7949

FORM V. 1-58 REV. 1-58 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH REG. NO. 116 REGISTRAR'S NO. 138

Registration District No. 605 Primary Registration District No. 5711

1. PLACE OF DEATH a. COUNTY Harlan 2. USUAL RESIDENCE a. STATE Ky b. COUNTY Harlan

b. CITY OR TOWN Shallowford c. CITY OR TOWN Shallowford d. RESIDENCE ON A FARM? YES  NO

4. FULL NAME OF DECEASED Sarah 5. STREET ADDRESS Waller, Ky 6. RESIDENCE INDEX CITY INDEX? YES  NO

3. NAME OF DECEASED (Type or Print) Sarah Brock 7. DATE OF DEATH 1-16-58

8. SEX F 9. A. COLOR OR RACE W 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Print) Never Married 11. DATE OF BIRTH 2-20-1895 12. AGE (In years, months, days) 62 13. Under 1 Year  1 Year to 5 Years  5 Years to 10 Years  10 Years to 15 Years  15 Years to 20 Years  20 Years and Over

14. OCCUPATION (One kind of work) Housekeeper 15. KIND OF BUSINESS OR INDUSTRY Housekeeper 16. BIRTHPLACE (State or Foreign Country) Harlan Co Ky 17. CITIZEN OF WHAT COUNTRY? U.S.A.

18. FATHER'S NAME John Covey Howard 19. MOTHER'S MAIDEN NAME Mary F. Morris

20. WAS DECEASED EVER IN U. S. ARMED FORCES? YES  NO  21. SOCIAL SECURITY NO. 4300-081-16 22. WAS ALLOTTED PERMANENT RESIDENCY? YES  NO

23. CAUSE OF DEATH MEDICAL CERTIFICATION

23a. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

23b. Conditions, if any, which gave rise to above cause - including the underlying disease last. DUE TO Arterio Sclerotic Heart Disease 7 yrs

DUE TO Diagnosed Arterio Sclerosis 15 yrs

23c. FACTS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1a. 4300-081-16 23d. WAS ALLOTTED PERMANENT RESIDENCY? YES  NO

24. ACCIDENT SUICIDE HOMICIDE 25a. DISCERN HOW INJURY OCCURRED (Under nature of Injury in Part I or Part II of item 23c.)

25b. TIME OF INJURY (a. m., p., or n.)

25c. INJURY OCCURRED WHILE AT WORK? YES  NO  25d. PLACE OF INJURY (a. g., in or out of home, farm, factory, street, office, etc.)

25e. CITY, TOWN, OR LOCATION COUNTY STATE

26. I hereby certify that I attended the deceased from Jan 1 1958 to 1/16 1958 that I last saw the deceased alive on 1/16 1958 and that death occurred at 9:30 p.m. from the causes and on the date stated above.

27a. DATE SIGNED 4/14/58 27b. ADDRESS LOYALL KY 27c. SIGNATURE James S. Reynolds

28a. BURIAL, CREMATION, REMOVAL (Specify) 28b. DATE 1-18-58 28c. NAME OF CEMETERY OR CREMATORY Cresch 28d. LOCATION (City, town, or county) (State) Hellin Ky

29a. DATE RECD BY LOCAL REG. 4/14/58 29b. REGISTRAR'S SIGNATURE Walla Shidmore, Dep. Reg. 29c. FUNERAL DIRECTOR'S SIGNATURE Harlan Funeral Home ADDRESS Harlan Ky

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 thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this \_\_\_\_\_ day of \_\_\_\_\_, 1958.

Walla Shidmore, Dep. Reg. State Registrar

Correction: Birth date on death certificate is incorrect. Correct birth date was 15 Sep 1861 - verified by Harlan County Birth Records.