

Registrar of Vital Statistics Certified Copy



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FORM V.S. NO. 1-A
REV. 1/68

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
REG. NO. 116 **68 7549**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **24**

Registration District No. **1305** Primary Registration District No. **2500**

DECEASED—NAME		FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
Emma Taylor		Female		Mar. 17, 1968			
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY)		AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS)		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF BIRTH	
White		85		April 16, 1883		Rockcastle	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME OF HOSPITAL, BLDG. STREET AND NUMBER					
Mt. Vernon		Rockcastle Co. Supt. Hospital 01					
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE)		SUCCESSOR SPOUSE OF WIFE, GIVE BIRTH NAME	
Kentucky		USA		Widowed			
SOCIAL SECURITY NUMBER		LEGAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR)		KIND OF BUSINESS OR INDUSTRY			
		Housewife					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Kentucky		Rockcastle		Mt. Vernon		West Main	
FATHER—NAME		FIRST MIDDLE LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
Matt Owens		Cecila Owens					
INFORMANT—NAME		FIRST MIDDLE LAST		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Bess Hopkins		Loyall, Ky. 40854					
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)				APPROPRIATE INTERNAL MEDICAL HISTORY, URINE, AND BLOOD	
(a) IMMEDIATE CAUSE		Resp. Babonismant				Alcohol hrs	
(b) CONDITION, DISEASE, OR INJURY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), EXCEPT THE UNDERLYING CAUSE LINE		Chr. Bronchitis, HCVDECHP				Alcohol 4h.	
(c) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		- recent CVA				3da	
ACCIDENT, SOCIAL, DOMESTIC, OR UNDERSTANDING (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 10)		IF YES, WERE FAVORABLE CONDITIONS IN OPERATIVE CAUSE OF DEATH	
						Yes	
INJURY AT WORK (CHECK YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, BUSINESS, LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE			
No							
CERTIFICATION—PHYSICIAN:		DATE		DATE		DATE	
I ATTESTED THE		3/16/68		3/17/68		3/17/68	
CERTIFICATION—MEDICAL EXAMINEE OR CORONER:		DATE		DATE		DATE	
I ATTESTED THE		3/17/68		3/17/68		3/17/68	
CERTIFIER—NAME (GIVE FULL NAME)		SIGNATURE		DATE		TIME	
D. Lewis, M.D.		[Signature]		3/17/68		8:30A	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
		Madison		Ky.		40456	
BURIAL, CREMATION, RESORAL (CHECK ONE)		CEMETERY OR CREMATORIUM—NAME		LOCATION (CITY OR TOWN, STATE)			
Burial		Mt. Vernon		Mt. Vernon, Ky.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME'S SIGNATURE		ADDRESS (ZIP CODE)			
Mar. 19, 1968		[Signature]		v. Vernon, Ky. 40455			
NAME OF EMERALD		REGISTRAR'S SIGNATURE		DATE (MONTH, DAY, YEAR)			
Robert L. Cox 7556		[Signature]		Mar. 18, 1968			

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 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 17 day of March, 2068

[Signature]
Sandra J. Davis, State Registrar

Emma Jane Owens Taylor
Daughter of Madison C. Owens & Celia Owens; Wife of John C. Taylor