

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 9959
Registrar's No. _____

Form T. S. 1-4
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1305 Primary Registration District No. 8101

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Rockcastle</u>	(a) State <u>Kentucky</u>	(b) County <u>Rockcastle</u>	
(b) City or town <u>Paris</u>	(c) City or town _____	(c) City or town _____	(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____	(d) Street No. <u>2nd</u>	(d) Street No. _____	(If rural give precinct)
(If not in hospital or institution write street number or location)	(e) If foreign born, how long in U. S. A.?	(e) If foreign born, how long in U. S. A.?	_____ yrs.
(d) Length of stay in hospital or community _____			(years, months or days)

3(a) FULL NAME <u>Ma Sallie Craig</u>		MEDICAL CERTIFICATION	
3(b) If veteran, Name war _____	3(c) Social Security No. _____	20. DATE OF DEATH <u>November 9 1945</u>	
4. Sex <u>M</u>	5. Color or race <u>W</u>	21. I hereby certify that I attended the deceased from <u>Nov 27 1945</u> to <u>Nov 9 - 1945</u> that I last saw her alive on <u>Nov 7 - 1945</u> and that death occurred on the date stated above at <u>11 A.M.</u>	
6(a) Name of husband or wife _____	6(b) Age of husband or wife if alive _____ Years	Immediate cause of death <u>Cardiac Stopy</u>	DURATION _____
7. Birth date of deceased <u>Jan 25 1868</u>	(Month) (Day) (Year)	Due to <u>Valvular Heart Disease</u>	
8. AGE: Years <u>75</u> Months <u>9</u> Days <u>13</u>	If less than one day hr. _____ min. _____	Other conditions _____	(Include pregnancy within 3 months of death)
9. Birthplace <u>Kentucky, Rockcastle Co</u>		Major findings:	
10. Usual occupation <u>Housewife</u>		Of operation _____	
11. Industry or business _____		Of autopsy _____	
FATHER: 12. Name <u>Madison Owens</u>			
13. Birthplace <u>Kentucky</u>			
MOTHER: 14. Maiden name <u>Unknown</u>			
15. Birthplace _____			
16(a) Informant's own signature <u>Ervin Sweeney</u>		22. If death was due to external causes, fill in the following:	
(b) Address <u>Willisville, Ky.</u>		(a) Accident, suicide, or homicide (specify) _____	
17. BURIAL, CREMATION, OR REMOVAL		(b) Date of occurrence _____	
Place <u>Willisville</u> Date <u>Nov 10, 1945</u>		(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____	(Specify type of place)
18(a) Signature of funeral director <u>Daigh</u>		while at work? _____	(e) Manner of injury _____
(b) Address _____		23. Signature <u>J. P. Pennington</u>	(M. D. or other)
19(a) <u>J-25-X</u> (Date received by local registrar)	(b) <u>C.V. Cox</u> (Registrar's signature)	Address <u>Mt. Vernon Ky</u>	Date signed <u>3/11-46</u>

should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Sarah A. "Sallie" Owens Craig

Daughter of Madison C. Owens & Celia Owens; Wife of M. F. "Mack" Craig