

Form V. B. 1
 FEDERAL BUREAU OF INVESTIGATION
 U. S. PUBLIC HEALTH SERVICE
 NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

J.P 52 11067
 FILE NO. 116

REGISTRAR'S NO. 17

Registration District No. 1305 Primary Registration District No. 8101

1. PLACE OF DEATH a. COUNTY <u>Rockcastle</u>		2. USUAL RESIDENCE (Where deceased lived or institution: real home before death) a. STATE <u>Ky</u> b. COUNTY <u>Rockcastle</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Green Hill (Rural)</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Green Hill (Rural)</u>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Nannie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 6 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-22-1906</u>	9. AGE (in years less birthday) <u>46</u>	If Under 1 Year If Under 24 Hrs Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>OO</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Joe Taylor</u>			14. MOTHER'S MAIDEN NAME <u>Abess Kirby</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give no. or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ann Thomas</u>		

10. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 7-52</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341-082-17</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1952, to Mar 6, 1952 that I last saw the deceased alive on Mar 6, 1952, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. DATE SIGNED <u>Mar 18 52</u>	23b. ADDRESS <u>mt Vernon, Ky</u>	23c. SIGNATURE (Degree or title) <u>J.P. Permington MD</u>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>3-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Massie</u>	24d. LOCATION (City, town, or county) (State) <u>Rockcastle Co Ky</u>
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25a. DATE REC'D BY <u>4/5/52</u>	25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>W.A. Coy</u> ADDRESS <u>mt Vernon, Ky</u>
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