

24868

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. _____
Registrar's No. 5514Registration District No. 755 Primary Registration District No. 6101

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Louisville
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
2516 Seneca Valley Rd.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? 181 years3(a) FULL NAME Annie Kelly Taylor

3(b) If veteran,

3(c) Social Security

Name war _____

No. _____

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced divorced6(b) Name of husband or wife G. W. Taylor

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased August 27 1889
(Month) (Day) (Year)8. AGE: Years 74 Months 2 Days 31 If less than one day hr. _____ min.9. Birthplace Penn.10. Usual occupation Housewife

11. Industry or business _____

12. Name James C. Kelly13. Birthplace Penn.14. Maiden name Jean Duncan15. Birthplace Scotland16(a) Informant's own signature Mrs. B. W. Smock(b) Address 2516 Seneca Valley Rd.

17. BURIAL, CREMATION, OR REMOVAL

Place Greenville, Ky. Date Nov. 20, 194318(a) Signature of funeral director L. O. Pearson & Son(b) Address 1310 S. Third St.19(a) NOV 18 1943 (Date received by local registrar) M. N. Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov - 17 - 194321. I hereby certify that I attended the deceased from Nov - 1 - 1943
to Nov - 17 - 1943 that I last saw him alive on Nov - 17 - 1943, and that death occurred on the date stated above at 10:30 PM.

Immediate cause of death

Cerebral occlusion DURATION 16 hrsDue to arterio-sclerotic heart disease 18 yrsOther conditions Emphysema, General
(Include pregnancy within 3 months of death)

Major findings:

Of operation 95% - 11 A

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Nature of injury _____

23. Signature B. W. Smock (U. S. or other) _____
Address 519 Brown St. Date signed 11-17-43

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.