

Registrar of Vital Statistics

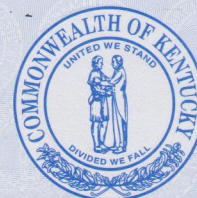
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Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116 54</u> <u>243</u>
Registration District No. <u>385</u>		Primary Registration District No. <u>2130</u>		
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TENN.</u> b. COUNTY <u>DICKETT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ALBANY, Ky.</u>	c. LENGTH OF STAY (in this place) <u>01</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>FORBUS, TENN.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>MAPLE HILL HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>		
3. NAME OF DECEASED (Type or Print) <u>ROBERT BEATYIS - INFANT GIRL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-3-54</u>	9. AGE (In years last birthday) If Under 1 Year: Months <u>1</u> Days <u>1</u> If Under 24 Hrs: Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton Co., Ky.</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>ROBERT BEATY</u>		14. MOTHER'S MAIDEN NAME <u>MALINDA SMITH</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>ROBERT BEATY</u>	
18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X-135-23</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <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 <u>Birth</u> , 19 <u>54</u> , to <u>Death</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-3-</u> 19 <u>54</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.				
23a. DATE SIGNED <u>1-4-54</u>	23b. ADDRESS <u>Albany Ky</u>	23c. SIGNATURE (Degree or title) <u>James M. D.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAUPIN</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co., Ky</u>	
25a. DATE REC'D BY LOCAL REG. <u>1-4-54</u>	25b. REGISTRAR'S SIGNATURE <u>Paul F. Royce</u>	25c. FUNERAL DIRECTOR'S ADDRESS <u>Billy H. Haddock</u>		



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I, Paul F. Royce, 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 whereof 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 July, 1954.

Paul F. Royce
State Registrar