

# Registrar of Vital Statistics

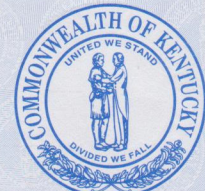
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### 2237014

U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		DIVISION OF VITAL STATISTICS <b>CERTIFICATE OF DEATH</b>		REGISTRAR'S NO. <u>4</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>Tennessee</u> b. COUNTY <u>Pickett</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u>	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Barnes Clinic 03</u>		d. STREET ADDRESS <u>Forbes</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u>		b. (Middle)		c. (Last) <u>Beatty</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>January 22, 1957</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>00</u>	8. DATE OF BIRTH <u>1/22/07</u>	9. AGE (In years last birthday) If Under 1 Year: Months <u>5</u> Days <u>5</u> Hours <u>5</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>Kentucky</u>
13. FATHER'S NAME <u>Otis Poore</u>		14. MOTHER'S MAIDEN NAME <u>Virgie Beatty</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>7615-130-28</u>		17. INFORMANT <u>Robert Beatty</u>
MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature infant</u>			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. (b) <u>Placenta Previa</u>			
	DUE TO (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour <u>  </u> Month, Day, Year a. m. <u>  </u> p. m. <u>  </u>				
21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE
22. I hereby certify that I attended the deceased from <u>Birth</u> , 19 <u>  </u> to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>1-22-57</u> and that death occurred at <u>4P</u> m., from the causes and on the date stated above.				
23a. DATE SIGNED <u>1-23-57</u>	23b. ADDRESS <u>Albany Ky</u>		23c. SIGNATURE <u>Ed Barnes M. D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/23/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton County Kentucky</u>	
25a. DATE REC'D BY LOCAL REG. <u>1-24-57</u>	25b. REGISTRAR'S SIGNATURE M. D. <u>[Signature]</u>		25c. FUNERAL DIRECTOR <u>Donald D. Dyer</u> ADDRESS <u>Albany, Ky</u>	



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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 14 day of July, 2008

Paul F. Royce  
State Registrar