

Farthing, Sarah Francis Stone 1876 - 1951

Form V. 8. 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		<i>M. M. Robinson</i> FILE NO. <u>116</u> REGISTRY NO. <u>134</u>	
Registration District No. <u>970 X</u>		Primary Registration District No. <u>2370 d</u>			
1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>21</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.A.C.</u>		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>Sarah F.</u> b. (Middle) <u>Farthing</u> c. (Last) <u>Stone</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 51</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>Mar. 18 1876</u>	9. AGE (In years) If Under 1 Year If Under 24 Hrs last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, give it)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Country, State or Territory) <u>Saltillo Co. Ky.</u>	
13. FATHER'S NAME <u>John Stone</u>		14. MOTHER'S M maiden name <u>Rebecca Rechrist</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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>443X-083-17</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)		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>6-12</u> , 19 <u>51</u> to <u>6-18</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>6-17</u> , 19 <u>51</u> , and that death occurred at <u>5:20</u> A. M., from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS <u>Richmond</u>		23c. SIGNATURE (Degree or title) <u>M. M. Robinson</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)		24b. DATE <u>June 19 51</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Richmond</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Ky.</u>		25. DATE REC'D BY LOCAL REG. <u>6-20-51</u>			
25b. REGISTRAR'S SIGNATURE <u>Rebecca B. Robbins</u>		26. FUNERAL DIRECTOR <u>Robbins, H. & S. & S. Co., Inc.</u>			