

Form V, R. 1-4		COMMONWEALTH OF KENTUCKY		50 10939	
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <u>24</u> Registrar's No. <u>24</u>	
Registration District No. <u>1310</u>		Primary Registration District No. <u>8141</u>			
1. PLACE OF DEATH a. COUNTY <u>ROWAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KY</u> b. COUNTY <u>ROWAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FARMERS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>FARMERS</u>	
d. FULL NAME OF: If not in hospital or institution, give street address or location		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>ELLA</u> b. (Middle) <u>WOOTEN</u> c. (Last) <u>GULLETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATES OF BIRTH		9. AGE (In years) If Under 1 Year If Under 24 Hrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>WILLIAM - WOOTEN</u>		14. MOTHER'S MAIDEN NAME <u>SALLY FULLER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>JAN GULLETT</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u> <u>2 yrs</u>	
		DUE TO (c) <u>Diabetes Mellitus</u> <u>2 yrs</u>			
		II. 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>x-663-15</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (s.e., 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 <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>April 30, 1950</u> to <u>April 30, 1950</u> , that I last saw the deceased alive on <u>April 30, 1950</u> , and that death occurred at <u>3:00</u> A.M., from the causes and on the date stated above.					
23a. DATE SIGNED		23b. ADDRESS <u>Marion, Ky</u>		23c. SIGNATURE (Degree or title) <u>Marie Condit M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>SALT LICK</u> <u>Barth KY</u>		24e. REGISTRAR'S SIGNATURE <u>James H. Powell</u>		24f. FUNERAL DIRECTOR ADDRESS <u>HARBEMAN, POWELL</u>	
24g. DATE REC'D BY LOCAL REG. <u>5/1/50</u>					