

Stacy, Jennie Williams 1876 - 1950

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. 116 <u>50</u> <u>14716</u>	REGISTRAR'S NO. <u>60</u>
Registration District No. <u>800</u>		Primary Registration District No. <u>634</u>			
1. PLACE OF DEATH a. COUNTY <u>Knott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Ky</u> b. COUNTY <u>Knott</u>)			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hickman Ky</u>		d. STREET ADDRESS (If rural, give location) <u>Hickman Ky</u>			
3. NAME OF DECEASED a. (First) <u>JENNIE</u>		b. (Middle) <u>STACY</u>		c. (Last) <u>WILLIAMS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>22</u> <u>50</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8/6/1876</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTH PLACE (State or foreign country) <u>Ky</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Harrison Williams</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth 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>X Mrs. Ford Burgess</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, aneurysm, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbidity 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>3-1-X-204-16</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 building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>7-11-1940</u> to <u>7-22-1950</u> , 19 <u>40</u> , that I last saw the deceased alive on <u>7-22-1940</u> , 19 <u>40</u> , and that death occurred at <u>5</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>7-24-50</u>		23b. ADDRESS <u>Hickman Ky</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stacy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ky</u>		25a. DATE REC'D BY LOCAL REG <u>7-27-50</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
		25c. FUNERAL DIRECTOR <u>[Signature]</u>		25d. ADDRESS <u>[Address]</u>	

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