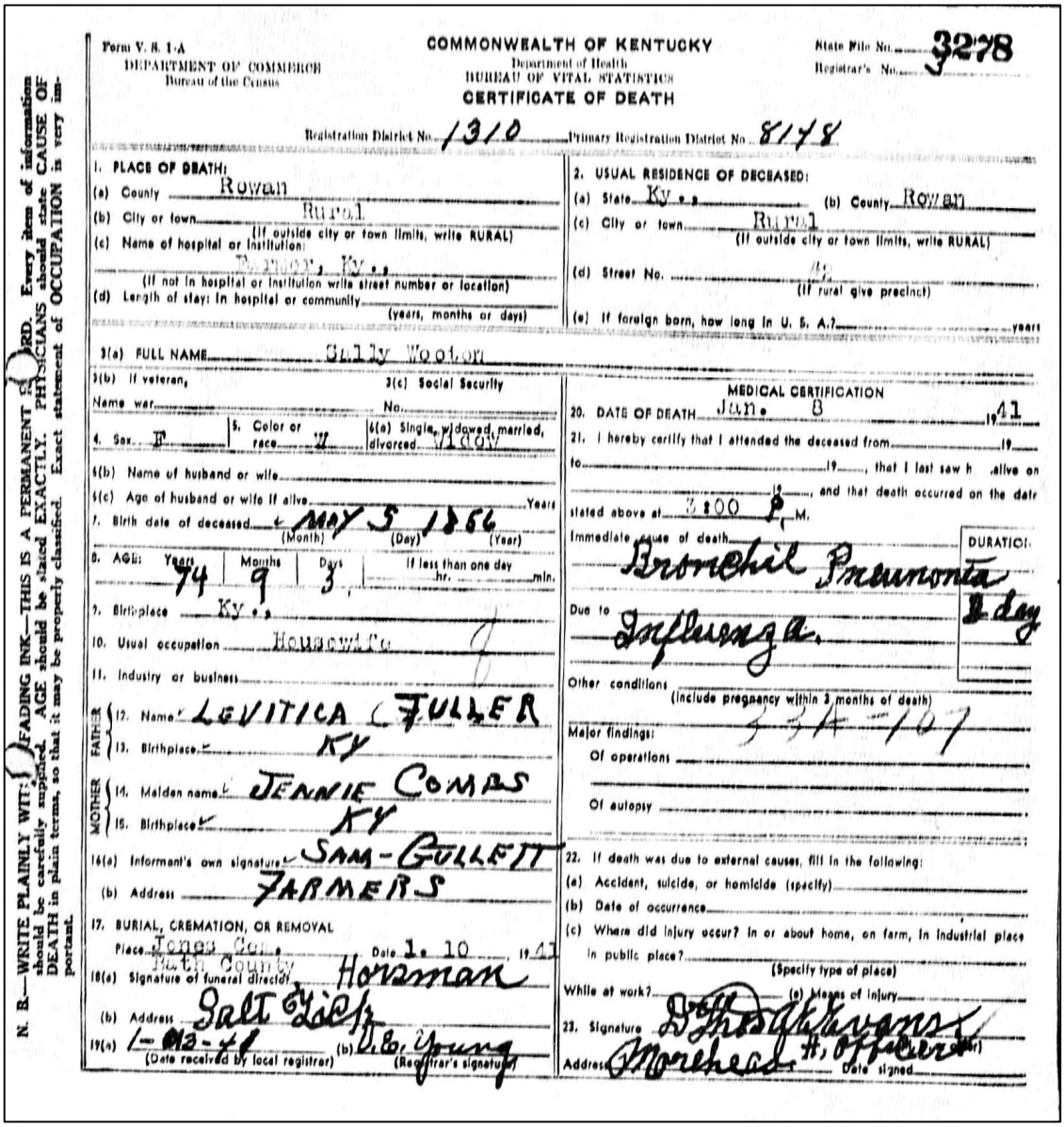

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 3278
Registrar's No.

Registration District No. 1310 Primary Registration District No. 8178

N. B.—WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County Rowan
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Morehead, Ky. (If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Rowan
(c) City or town Rural (If outside city or town limits, write RURAL)
(d) Street No. (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Sally Wooten
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex F | 5. Color or race W | 6(a) Single, widowed, married, divorced Widow
6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased May 5 1856 (Month) (Day) (Year)
8. AGE: Years 74 | Months 9 | Days 3 | If less than one day hr. min.
9. Birthplace Ky.
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name LEVITICA FULLER
13. Birthplace KY

MOTHER
14. Maiden name JENNIE COMBS
15. Birthplace KY

16(a) Informant's own signature SAM-GULLETT
(b) Address FARMERS

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Cem. Rath County Date 1. 10 19 41
18(a) Signature of funeral director Horsman
(b) Address Salt Lick Ky
19(a) 1-13-41 (Date received by local registrar) (b) V. B. Young (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Jan. 8 19 41
21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h alive on 19, and that death occurred on the date stated above at 3:00 P. M.
Immediate cause of death Bronchial Pneumonia — DURATION: 1 day
Due to Influenza.
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)
While at work? (d) Means of injury
23. Signature Dr. Thos. A. Stevens (M. D. or Coroner)
Address Morehead Ky. Date signed