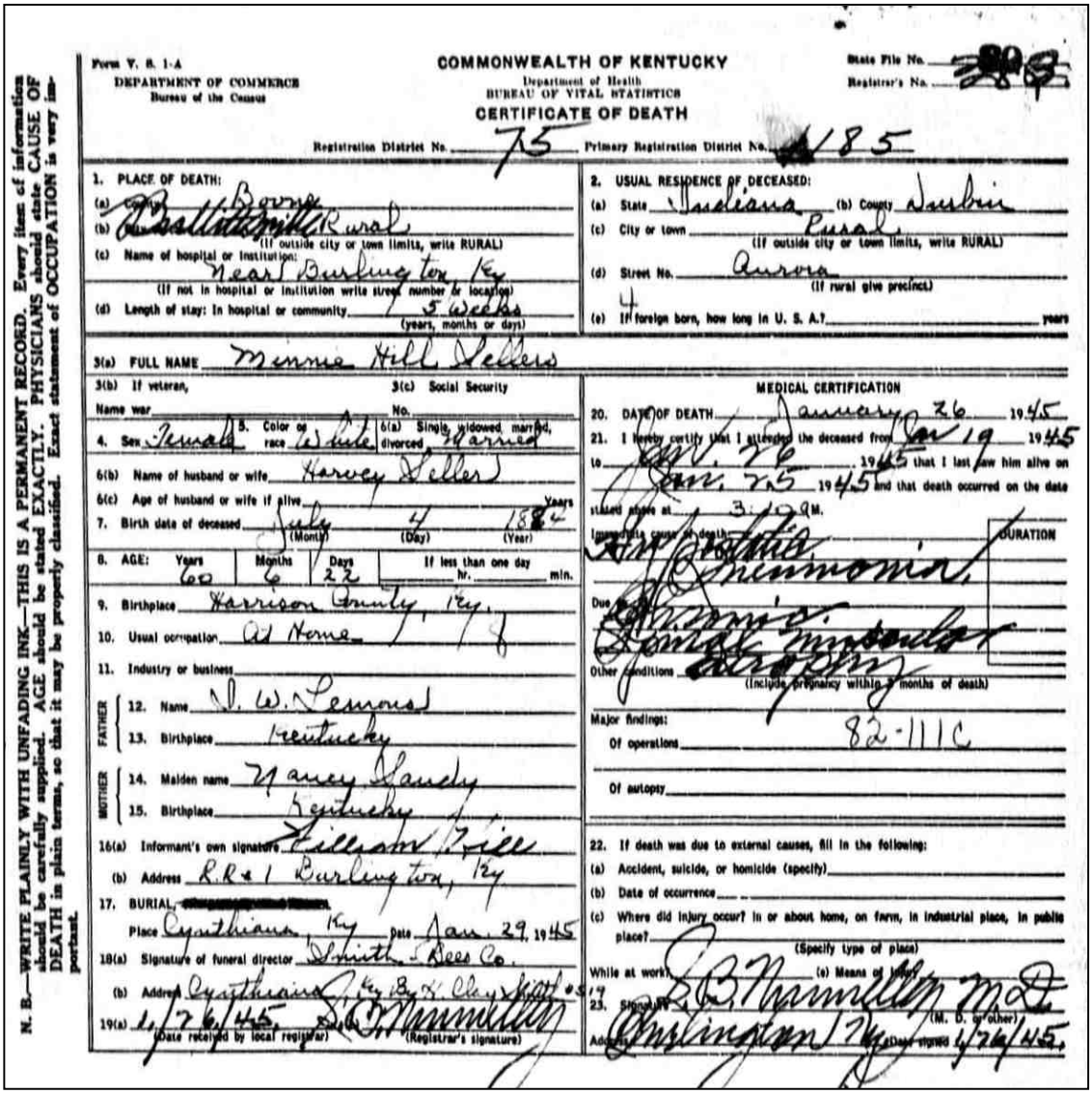

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. 809
Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 75 Primary Registration District No. 1185

N. B.—WRITE PLAINLY WITH UNFADING 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 Boone
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Near Burlington, Ky (If not in hospital or institution write street number & location)
(d) Length of stay: In hospital or community 5 weeks (years, months or days)

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

3(a) FULL NAME Minnie Hill Sellers
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Harvey Sellers
6(c) Age of husband or wife if alive Years
7. Birth date of deceased July (Month) 4 (Day) 1884 (Year)
8. AGE: Years 60 Months 6 Days 22 If less than one day hr. min.
9. Birthplace Harrison County, Ky.
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name W. W. Lemons
13. Birthplace Kentucky
MOTHER 14. Maiden name Nancy Gandy
15. Birthplace Kentucky
16(a) Informant's own signature Gillespie Sellers
(b) Address R.R. 1 Burlington, Ky
17. BURIAL [redacted]
Place Cynthiana Ky Date Jan. 29, 1945
18(a) Signature of funeral director J. Smith - Bees Co.
(b) Address Cynthiana Ky By B. Clay Wright
19(a) 1/26/45 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH January 26 1945
21. I hereby certify that I attended the deceased from Jan 19 1945 to Jan. 26 1945 that I last saw him alive on Jan. 25 1945 and that death occurred on the date stated above at 3:10 P.M.
Immediate cause of death: (a) Pneumonia (DURATION)
Due to (b)
Due to (c)
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 82-111C
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 (a) Means of injury
23. Signature R. B. Hamilton M.D. (M. D. or other)
Address Burlington Ky Date signed 1/26/45