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Blair

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

State File No. 116-
 Registrar's No. _____

Registration District No. 890 Primary Registration District No. 6691

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KENTUCKY</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Head of Grassy</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>RURAL - Head of Grassy</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Head of Grassy</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>Jenny</u> (Type or Print)		b. (Middle) <u>Belle</u>	
c. (Last) <u>Stamper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 8 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 7</u>
9. AGE (In years last b'day) <u>67</u>		10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTMASTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GOV. MAIL</u>	
11. BIRTHPLACE (State or foreign country) <u>Lewis County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ENOCH RAYBURN 69</u>		14. MOTHER'S MAIDEN NAME <u>NARCISSUS M. CAWLEY</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. <u>NONE</u>	
17. INFORMANT <u>Randal Stamper</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>Oral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Post. Esophageal-Varix</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Post. Tracheal-hemorrhage.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>H621-086-28</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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>2-1-53</u> to <u>3-8-53</u> , that I last saw the deceased alive on <u>3-6-53</u> , and that death occurred at <u>5:00 P</u> m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>3/9/53</u>		23b. ADDRESS <u>Vanderburg 15</u>	
23c. SIGNATURE <u>[Signature]</u>		23d. SIGNATURE (Degree & title) <u>[Signature]</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 11, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>STAMPER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Head of Grassy KY</u>	
25a. DATE REC'D BY LOCAL REG. <u>3/11/53</u>		25b. REGISTRAR'S SIGNATURE <u>Margaret D. Lykins</u>	
25c. HEALTH DEPARTMENT DIRECTOR <u>[Signature]</u>		25d. ADDRESS <u>[Address]</u>	