

# Registrar of Vital Statistics

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FORM V.S. NO. T-A		COMMONWEALTH OF KENTUCKY		Or 67na 27180	
		DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS		FILE NO. 116	
		CERTIFICATE OF DEATH		REGISTRAR'S NO. 191	
Registration District No. 880		Primary Registration District No. 2330			
1. PLACE OF DEATH a. COUNTY Letcher			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Letcher		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Whitesburg, Kentucky		c. LENGTH OF STAY (in this place) 04	c. CITY OR TOWN Whitesburg, Kentucky	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Appalachian Regional Hospital			d. STREET ADDRESS Whitesburg, Kentucky	IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Bee		a. (First)	b. (Middle)	c. (Last) Day Sr.	4. DATE OF DEATH 10 27 1967
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 20, 1897	9. AGE (in years last birthday) 70	If Under 1 Year: Months 2 Days 7
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kings Creek, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Day			14. MOTHER'S MAIDEN NAME Mahalia Ingram		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 406-12-41048	17. INFORMANT Mrs. Edna Day Wife			
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction 260x Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Diabetic Mellitus DUE TO (c) arteriosclerotic Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 16 hours 12 yrs. 10 yrs.	
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY	STATE
22. I hereby certify that I attended the deceased from Oct 26, 1967 to Oct 27, 1967, that I last saw the deceased alive on Oct 27, 1967 and that death occurred at 12:45 p.m. from the causes and on the date stated above.					
23a. DATE SIGNED Nov 3-67		23b. ADDRESS Whitesburg Ky.		23c. SIGNATURE Carl D. Ingram (Degree or title) M.D.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/29/1967	24c. NAME OF CEMETERY OR CREMATORY Sandlick Cemetery	24d. LOCATION (City, town, or county) (State) Whitesburg, Kentucky	
25a. DATE REC'D BY LOCAL REG. 11-6-67	25b. REGISTRAR'S SIGNATURE Annette Raleigh		25c. FUNERAL DIRECTOR ADDRESS Moore & Craft Funeral Home Whitesburg, Kentucky		

MARGIN RESERVED FOR BINDING



THIS PAPER CONTAINS A GENUINE WATERMARK WHICH CAN BE VIEWED BY TRANSMITTED LIGHT.

I, Paul F. Royce, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 13th day of July, 2016.

Paul F. Royce  
State Registrar