

Registrar of Vital Statistics

Certified Copy



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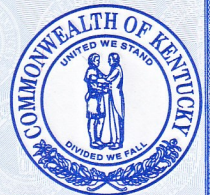
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Form V. S. 1-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS		25332
1. PLACE OF DEATH		CERTIFICATE OF DEATH		File No. _____
County <u>Letcher</u>		Registration District No. <u>880</u>		Registered No. <u>177</u>
Vot. Pot. <u>Blackey,</u>		Primary Registration District No. <u>6667</u>		
Inc. Town _____		City _____		
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME <u>J. Dixon Caudill,</u>		IF VETERAN, WHAT WAR? _____		
(a) Residence. No. <u>Blackey, Ky.</u>		St., _____ Ward _____		
(Usual place of abode) (If nonresident, give city or town and State)				
Length of residence in city or town where death occurred		How long in U. S., if of foreign birth?		
yrs. mos. ds.		yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed or Divorced (write the word) Married		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Liza Day-Caudill,</u>		21. DATE OF DEATH <u>May 4th. 1938</u> , 19____		
6. DATE OF BIRTH <u>12-13-1854</u>		22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____		
7. AGE	Years <u>83</u>	Months <u>4</u>	Days <u>21</u>	If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at <u>1 A.M.</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Retired farmer</u>		The principal cause of death and related causes of importance in order of onset were as follows:		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE <u>Letcher Co. Ky.</u>		<u>Chronic Myocarditis & Chronic Nephritis.</u>		
13. NAME <u>Ben Caudill,</u>		(By Personal Investigation)		
14. BIRTHPLACE <u>Perry Co. Ky.</u>		Contributory causes of importance not related to principal cause: <u>Senescence</u>		
15. MAIDEN NAME <u>-----Bowling,</u>		<u>131a-93c</u>		
16. BIRTHPLACE <u>Wise Co. Va.</u>		Name of operation _____ Date of _____		
17. INFORMANT <u>Harvey Ison (son-in-law)</u> <u>Blackey, Ky.</u>		What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>UZ, Ky.</u> Date <u>May 5th. 1938</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____		
19. UNDERTAKER <u>Family</u> <u>Blackey, Ky.</u>		Where did injury occur? _____ (Specify city or town, county, and State)		
20. FILED <u>11-3-38</u> , 19____ <u>C. M. Coccins</u> Registrar.		Specify whether injury occurred in industry, in home, or in public place.		
		Manner of injury <u>none</u>		
		Nature of injury _____		
		24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____		
		(Signed) <u>R. D. Coccins</u> M. D.		
		(Address) <u>Whitesburg, Ky.</u>		

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DELAY



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 2 day of December, 2014.

Paul F. Royce

State Registrar