

Registrar of Vital Statistics

Certified Copy



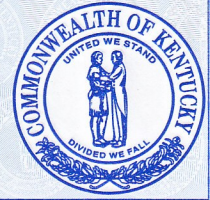
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MARGIN RESERVED FOR BINDING

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.

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. <u>7616</u> Registrar's No. <u>58</u>
Registration District No. <u>880</u>		Primary Registration District No. <u>2330</u>		
1. PLACE OF DEATH: <u>Letcher</u> (a) County <u>Letcher</u> (b) City or town <u>Whitesburg</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: _____ (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community <u>1 day</u> (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Ky.</u> (b) County <u>Letcher</u> (c) City or town <u>Whitesburg</u> (If outside city or town limits, write RURAL) (d) Street No. <u>Whitesburg</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years		
3(a) FULL NAME <u>Sarah Jane Caudill</u>				
3(b) If veteran, <u>No</u> Name war <u>No</u>		3(c) Social Security No. _____		
4. Sex <u>F</u>	5. Color or race <u>W</u>	6(a) Single, widowed, married, divorced <u>Married</u>		
6(b) Name of husband or wife <u>Jessie Caudill</u>				
6(c) Age of husband or wife if alive <u>64</u>				
7. Birth date of deceased <u>March 22 1881</u> Years (Month) (Day) (Year)				
8. AGE: Years <u>62</u> Months <u>11</u> Days <u>11</u> If less than one day hr. min.				
9. Birthplace <u>Letcher Co.</u>				
10. Usual occupation <u>Housewife</u>				
11. Industry or business _____				
FATHER	12. Name <u>S. J. Brown</u>			
	13. Birthplace <u>Ky.</u>			
MOTHER	14. Maiden name <u>Betty Combs</u>			
	15. Birthplace <u>Ky.</u>			
16(a) Informant's own signature <u>Sarah Caudill</u>				
(b) Address <u>Whitesburg, Ky.</u>				
17. BURIAL, CREMATION, OR REMOVAL Place <u>Sandlick</u> Date <u>Mar 7 1944</u>				
18(a) Signature of funeral director <u>Frank Craft</u>				
(b) Address <u>Whitesburg, Ky.</u>				
19(a) <u>3-8-44</u> (Date received by local registrar)		(b) <u>C. M. Collins</u> (Registrar's signature)		
20. DATE OF DEATH <u>March 4 1944</u>				
21. I hereby certify that I attended the deceased from _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above at <u>11 A.</u> M.				
Immediate cause of death <u>Heart disease</u> DURATION _____				
Due to <u>Died suddenly,</u>				
Other conditions _____ (Include pregnancy within 3 months of death)				
Major findings: _____				
Of operations <u>95C</u>				
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? _____ (e) Means of injury _____				
23. Signature <u>P. F. Royce</u> (M. D. or other) Address <u>Whitesburg, Ky.</u> Date signed <u>3-8-44</u>				



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