

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 SU 158725
REGISTRAR'S NO. 73

Registration District No. 1064 Primary Registration District No. 2361

1. PLACE OF DEATH a. COUNTY <i>Monroe</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>La</i> b. COUNTY <i>Monroe</i>	
b. CITY (If outside corporate limits, write RURAL, and give township) <i>Royal</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL, and give township) <i>Royal</i>	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <i>Sarah</i> b. (Middle) <i>Bell</i> c. (Last) <i>Young</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 21 57</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
9. AGE (In years last birthday) <i>63</i>		10. Under 1 Year	11. Under 24 Hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ky.</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Andrew Harris</i>		14. MOTHER'S MAIDEN NAME <i>Margaret A. Blythe</i>	
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.	17. INFORMANT <i>Paul Young</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, preceding vital to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Hepatitis</i>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension</i> DUE TO (c)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>592 X - 19 - 21</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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)	21e. INJURY OCCURRED WHILE AT WORK <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 *1 Aug*, 1950, on *21 Aug*, 1950, that I last saw the deceased alive on *20 Aug*, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. DATE SIGNED <i>1 Sep 57</i>	23b. ADDRESS <i>1200 N. 1st St. Monroe, La.</i>	23c. SIGNATURE <i>J. Peatman</i> (Deacon or title)
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Aug 21 57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Plant Hill</i>
24d. LOCATION (City, town, or county) (State) <i>Monroe La</i>	25a. DATE REC'D BY LOCAL REG. <i>21-57</i>	25b. REGISTRAR'S SIGNATURE <i>May L. Thibodeau</i>
25c. FUNERAL DIRECTOR <i>Quality Funeral Home</i>	25d. ADDRESS <i>1200 N. 1st St. Monroe, La.</i>	