

# DELAY

Form V. S. 1 A

COMMONWEALTH OF KENTUCKY

52 19319

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICSDepartment of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. 116-48  
Registrar's No. 48Registration District No. 400Primary Registration District No. 4967

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Les</u>	b. (Middle)	c. (Last) <u>Moore</u>	<u>April 26, 1952</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>- 1867</u>	9. AGE (In years last birthday)	If Under 1 Year	If Under 24 Hrs
				<u>85</u>	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Don't know</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>John Spears 89</u>	14. MOTHER'S MARRIED NAME <u>Katherine Cham</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>4-341-082-17</u>	17. INFORMANT <u>John Spears</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-341-082-17</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-16-1952 to 4-26-1952, that I last saw the deceased alive on 4-26-1952 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. DATE SIGNED <u>9-17-52</u>	23b. ADDRESS <u>Celina, Tenn.</u>	23c. SIGNATURE <u>Theresa S. [Signature]</u>	(Degree or title) <u>M.D.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 27 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Long</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Ky.</u>
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25a. DATE REC'D BY LOCAL REG. <u>9/12/52</u>	25b. REGISTRAR'S SIGNATURE <u>Bess J. [Signature]</u>	25c. GENERAL DIRECTOR'S ADDRESS <u>Community, Lexington, Ky.</u>
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SPC 9645 10-27-52