

Registration District No. 1064 Primary Registration District No. 7361

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>Young</u> (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 50</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 14</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Ky</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	

13. FATHER'S NAME <u>Jim Young</u>		14. MOTHER'S MAIDEN NAME <u>Randy Outen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <u>Wm Young</u>	
16. SOCIAL SECURITY NO.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of larynx</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x - 197 - 14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 to 31 Aug, 1950, that I last saw the deceased alive on 31 Aug, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. DATE SIGNED <u>1 Sep 50</u>		23b. ADDRESS <u>Tombkinsville Ky</u>		23c. SIGNATURE <u>J Carter M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Monroe Co Ky</u>		25a. DATE REC'D BY LOCAL REG.		25b. REGISTRAR'S SIGNATURE <u>Maury L. Benson</u>	
25c. FUNERAL DIRECTOR'S ADDRESS		25d. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Y. Taylor</u>			