

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM V.S. NO. T-A REV. 1-56		COMMONWEALTH OF KENTUCKY		67 31705
<h1 style="font-size: 2em; margin: 0;">DELAY</h1>		DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. <u>116</u>
Registration District No. <u>1064</u>		Primary Registration District No. <u>2420</u>		REGISTRAR'S NO. <u>133</u>
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Ky</u> b. COUNTY <u>Monroe</u>		
b. CITY (If outside corporate limits, write RURAL and township) <u>Tompkinsville</u>		c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		c. CITY OR TOWN <u>Tompkinsville</u> IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Co. Home Memorial Hosp</u>		d. STREET ADDRESS <u>R-1</u>		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) <u>Uma Chism Roddy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-67</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spouse's name) <u>Married</u>	8. DATE OF BIRTH <u>1-8-1886</u>	
9. AGE (In years last birthday) <u>81</u>		9. AGE (In years last birthday) If Under 1 Year If Under 24 Mos. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Ky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Unknown</u>		
14. MOTHER'S MAIDEN NAME <u>Melissa Chism</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>407-52-4578</u>		17. INFORMANT <u>Wilma Baslett</u>		
MEDICAL CERTIFICATION	18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) <u>CORONARY THROMBOSIS</u>			
	DUE TO (c) <u>C</u>			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)		
21b. TIME OF INJURY Hour <u>9:00</u> Month <u>Nov</u> Day <u>25</u> Year <u>1967</u>		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21d. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION COUNTY STATE		
22. I hereby certify that I attended the deceased from <u>11-25-67</u> to <u>11-27-67</u> , 19 <u>67</u> , that I last saw the deceased alive on <u>11-27-67</u> , and that death occurred at <u>Tompkinsville, Ky</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>2-27-68</u>	23b. ADDRESS <u>605 N. MAIN TOMPKINSVILLE, KY</u>	23c. SIGNATURE <u>James E. Carter, M.D.</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-67</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe Co. Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>2-27-68</u>	25b. REGISTRAR'S SIGNATURE <u>Frances Benjamin</u>	26. FUNERAL DIRECTOR <u>B.D. Tolston, Tompkinsville, Ky.</u> ADDRESS		



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State 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 14 day of June 1959.

Barbara F. White
Barbara F. White, State Registrar

U.S. PATENT NO. 4,427,728 4326488 4318188 4227119
4218346 4361404 4351547