

# Registrar of Vital Statistics

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63-25258

FORM V.9. NO. 1-A REV. 1-58 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116
Registration District No. 15		Primary Registration District No. 2005		
1. PLACE OF DEATH a. COUNTY ALLEN		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE KY. b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SCOTTSVILLE	c. LENGTH OF STAY (In this place) 3 yrs.	c. CITY OR TOWN Tompkinsville	IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Co. War Memorial Hosp.	d. STREET ADDRESS Route # 1	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) HALE		4. DATE OF DEATH NOV. 4, 1963 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 9, 1867	9. AGE (In years last birthday) 95 If Under 1 Year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer & Minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JOHN HALE		14. MOTHER'S MAIDEN NAME MARY ANTERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT LESTER HALE	
18. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypotatic Pneulopneumonia Cerebral hemorrhage generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture left femoral neck - surgically pinned				INTERVAL BETWEEN ONSET AND DEATH 4 days 3 weeks
20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) FALL - AS STEPPED ON FLOOR ON		
21b. TIME OF INJURY Hour Month, Day, Year 7:45 a.m. 10-8-63		21c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BEDROOM - NURSING HOME		
21d. CITY, TOWN, OR LOCATION COUNTY STATE Scottsville ALLEN KY.		21e. CITY, TOWN, OR LOCATION COUNTY STATE Scottsville ALLEN KY.		
22. I hereby certify that I attended the deceased from August 1963 to Nov 4, 1963, that I last saw the deceased alive on Nov 4, 1963 and that death occurred at 6:15 PM, from the causes and on the date stated above.				
23a. DATE SIGNED 11/8/63	23b. ADDRESS Scottsville Ky	23c. SIGNATURE (Degree or title) V. E. Scheraga		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 6, 1963	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Ky.	
25a. DATE REC'D BY LOCAL REG. 11/8/63	25b. REGISTRAR'S SIGNATURE Bernadine Halland	26. FUNERAL DIRECTOR JOHN EID YOKLEY		ADDRESS 510 W. 4th. St. Tompkinsville, Ky.



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 9 day of Jul, 19 98.

Barbara F. White

Barbara F. White, State Registrar