Registrar of Vital Statistics
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FORM V.S. NO. 1-A
REV. 1-56

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

66 4471

FILE NO. 116

REGISTRAR'S NO. 131.

Registration District No. 220 Primary Registration District No. 2093.

1. PLACE OF DEATH a. COUNTY: Campbell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Ky.	b. COUNTY: Campbell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton	c. LENGTH OF STAY (in this place): 1 day	c. CITY OR TOWN: Bellevue	IS RESIDENCE ON A FARM? YES ☐ NO ☒
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Speers Hospital		d. STREET ADDRESS: 441 Ward Ave.	IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	D.	BROOKS	Feb. 26, 1966

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Min.
male	white	widowed	Jan. 18, 1885	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retd.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic-Metro.	Buick Co.	Ky.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Brooks	Rosamond Davies

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
no		269-01-1684	Mr. Billy Brooks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebro-Vascular accident	2 Days
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	10 years
DUE TO (c)	Arteriolar Sclerosis	15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senility

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20. ACCIDENT	SUICIDE	HOMICIDE	21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
☐	☐	☐	

21b. TIME OF INJURY: Hour, Month, Day, Year — a. m. / p. m.

21c. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21d. PLACE OF INJURY (e. 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 Feb 25, 19 66 to Feb 26, 19 66 that I last saw the deceased alive on Feb 25, 19 66 and that death occurred at 7:15 a.m. from the causes and on the date stated above.

23a. DATE SIGNED	23b. ADDRESS	23c. SIGNATURE (Degree or title)
3-1-66	Bellevue Ky	Stanley Faulkner MD

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	3/1/1966	Evergreen	Southgate, Ky.

25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR ADDRESS
3-3-66	REUBEN C. MORATH By D M Dep	A.C. Dobbling & Son, Inc., Bellevue, 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 2 day of June, 19 98 98.

Barbara F. White

Barbara F. White, State Registrar

U.S. PATENT NO.'s 4227720 4265469 4310180 4227719 4218346 4341404 4351547