

# Registrar of Vital Statistics

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Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 REGISTRAR'S NO. 150	51 20242
Registration District No. 705		Primary Registration District No. 2255 5921			
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, New Castle, Ky.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ky b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, New Castle, Ky.		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Smithfield, RFD, Ky.			d. STREET ADDRESS (If rural, give location) Smithfield RFD, Ky.		
3. NAME OF DECEASED (Type or Print) Bernicem Harlan Hill		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct 30 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 14, 1882	9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 88		11. BIRTHPLACE (State or foreign country) New Castle, Ky.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Edgar L. Harlan		
14. MOTHER'S MAIDEN NAME Maggie Flood			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT Weldon Hill		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Menstrual cramps of legs 6 months			DUE TO (c) Adenocarcinoma of right breast 4 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X-051-14			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second)		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 April 30, 1948, to Oct 30, 1951, that I last saw the deceased alive on Oct. 29, 1951, and that death occurred at 8:45 A. m., from the causes and on the date stated above.					
23a. DATE SIGNED 10-31-51		23b. ADDRESS New Castle, Ky.		23c. SIGNATURE (Degree or title) W. H. ...	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 31		24c. NAME OF CEMETERY OR CREMATORY New Castle, Ky.	
24d. LOCATION (City, town, or county) (State) New Castle, Ky.		25a. DATE REC'D BY LOCAL REG. 10/31-51		25b. REGISTRAR'S SIGNATURE Alice Powell	
26. FUNERAL DIRECTOR Sidney T. Shannon, New Castle, Ky.		ADDRESS			



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

I, Paul F. Royce, 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 18 day of January, 20 13.

Paul F. Royce  
 State Registrar