

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116

REGISTRAR'S NO. 2

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH a. COUNTY <u>Mullinsburg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. R. 2. Greenville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harvey Ill</u>	4
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)		d. STREET ADDRESS (If rural, give location) <u>108-E. 156th. St</u>	
3. NAME OF DECEASED (First) <u>Jeannette</u> (Middle) <u>Stevenson</u> (Last) <u>Stevenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 17</u>
9. AGE (In years last birthday) <u>84</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>	9. AGE (In years last birthday) If Under 1 Year 1 Year If Under 24 Hrs 24 Hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Myron Barbour</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Loring</u>	
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 <u>W. J. Bruel</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2 week inpatient to plan with</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in attempt to Land</u> DUE TO (c) <u>ins. fog and Rain storm.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>866X-139-25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>knowing class</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RFD #2, Greenville, Mullinsburg, Ky.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/52 2:58 p.m.</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>airplane crash</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. DATE SIGNED <u>12/52</u>	23b. ADDRESS <u>Central City, Ky.</u>	23c. SIGNATURE (Degree or title) <u>James E. Craft, coroner</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Jan 1</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horchwood</u>	24d. LOCATION (City, town, or county) (State) <u>Cook-Co Ill</u>
25a. DATE REC'D BY <u>1-8-52</u>	25b. REGISTRAR'S SIGNATURE <u>Margaret Dodge</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Bay's Funeral Home Greenville Ky</u>	