

Registrar of Vital Statistics

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2012113

FORM V.S. NO. 1-A
REV. 1-56
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 **60-11188**
REGISTRAR'S NO. **85**

Registration District No. **880** Primary Registration District No. **6621**

1. PLACE OF DEATH a. COUNTY Letcher		2. USUAL RESIDENCE a. STATE Kentucky b. COUNTY Letcher	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Sergent	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural-Sergent	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION P. O. Sergent, Ky.	(If not in hospital or institution, give street address or location)	d. STREET ADDRESS P. O. Sergent, Ky.	IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) William Burdine Webb		4. DATE OF DEATH April 27, 1960	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/2/1874
10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) News Reporter		11. BIRTHPLACE (State or foreign country) Sergent, Letcher Co., Ky.	
13. FATHER'S NAME Jason L. Webb		14. MOTHER'S MAIDEN NAME Ludemia Hubbard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 406-18-3384	
17. INFORMANT Delmar Webb, Sergent, Ky.			

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 _____ a. m. _____ p. m. _____		
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 **Did not attend**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:17** m., from the causes and on the date stated above.

23a. DATE SIGNED 4/29/60	23b. ADDRESS Whitesburg, Ky.	23c. SIGNATURE <i>Carl P. [Signature]</i> M. D.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/29/60	24c. NAME OF CEMETERY OR CREMATORY Thornton cemetery
24d. LOCATION (City, town, or county) (State) Thornton, Letcher Co., Ky.		
25a. DATE REC'D BY LOCAL REG. 5-2-60	25b. REGISTRAR'S SIGNATURE R. D. COLLINS, M. D.	25. FUNERAL DIRECTOR Arthur H. Johnson Funeral Home Address Hazard, Kentucky



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

I 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 **21** day of **September**, 20**07**.

Paul F. Royce

State Registrar