

Registrar of Vital Statistics

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FORM V.S. NO. 1-A
(REV. 1/68)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
72 25444
FILE NO. 116
5581
REGISTRAR'S NO.

CERTIFICATE OF DEATH
Registration District No. 755 Primary Registration District No. 2275

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Anna Harlan Trent					2. F	3. September 30, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. W		5a. 85	5b.	5c.	6. Dec. 21, 1886		7a. Jefferson
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Louisville		7c. yes		7d. Kentucky Baptist Hospital 63			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Ky.		9. USA		10. Widowed		11. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. Yes		13a. Housewife			13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Ky.		14b. Jefferson	14c. Louisville		14d. No	14e. 311 Ring Road	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. James Harlan					16. Ida Hancock		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Beverly Hutcheson				17b. 311 Ring Road, Louisville, Kentucky			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Pneumonia of Colon with Metastasis				3 yrs.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b)				(c)	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
20a.		19a.		19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON	
I ATTENDED THE DECEASED FROM		1958 ^o Sept 30/1972		Sept 29/1972		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER:		ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
21a.		21b.		21c.		21d.	
21e.		21f.		21g.		21h.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Walter S. Coe		23b. [Signature]		23c. M.D.		23d. Oct 9, 1972	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b.		23c.		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial		24b. Cave Hill Cemetery		24c. Louisville, Kentucky			
DATE (MONTH, DAY, YEAR)		FUNERAL DIRECTOR—SIGNATURE		ADDRESS (ZIP CODE)			
24d. Oct. 2, 1972		24e. L.D. Pearson & Sons, Inc.		24f. 1340 S. 3rd. St., Lou., Ky.			
NAME OF EMBALMER		(LIC. NO.)		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. Dave Pearson		3772		25c. [Signature]		25d. OCT 9 1972	

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 _____ day of _____, 19_____.

Barbara F. White

Barbara F. White, State Registrar

U.S. PATENT NO. 4227720 4265469 4310180 427719 4218346 4341404 4351547