

# Registrar of Vital Statistics

## Certified Copy



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FORM V.S. NO. 1-A  
REV. 1-55  
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

~~Dr. R. M. Goldsborough~~  
FILE NO. 116 61 5337  
REGISTRAR'S NO. 2109

Registration District No. 7 5 5 Primary Registration District No. 2 2 7 5

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE a. STATE <b>Kentucky</b>		b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisville</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Louisville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>400 Stitz Ave.</b>		d. STREET ADDRESS <b>400 Stitz Ave.</b>		15. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13. NAME OF DECEASED a. (First) <b>(MRS) ELIZABETH</b> b. (Middle) <b>BICKNELL</b> c. (Last) <b>HARIAN</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>5</b> Year <b>1961</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>FEB. 27 1864</b>	
11. BIRTHPLACE (State or foreign country) <b>Hulphur, Henry Co., Kentucky</b>		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday) Months <b>97</b> Day <b>0</b> Hours <b>8</b>	
13. FATHER'S NAME <b>Cyrus Marion Bicknell</b>		14. MOTHER'S MAIDEN NAME <b>Nancy Coyle McDonald</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Marion B Harlan, Jr</b>	

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <b>Fr. of femur</b>		DUE TO (c) <b>Fr. of femur</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Serility - 97 yrs of age</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		21a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <b>Fell in her bedroom getting up to commode</b>			
21b. TIME OF INJURY Hour <b>11</b> P.M. Month, Day, Year <b>2-26-61</b>		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
21e. CITY, TOWN, OR LOCATION <b>Louisville</b>		COUNTY <b>Jefferson</b>		STATE <b>Ky.</b>	
22. I hereby certify that I attended the deceased from <b>2-27-1961</b> to <b>3-5-1961</b> , that I last saw the deceased alive on <b>3-5-1961</b> , and that death occurred at <b>1:15 P.M.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>3-8-61</b>		23b. ADDRESS <b>1604 Hawthorn City</b>		23c. SIGNATURE <b>Richard T. Hudson, M.D.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>MAR 7 1961</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cave Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Louisville, Ky.</b>		25a. DATE REC'D BY <b>MAR 13 1961</b>		25b. REGISTRAR'S SIGNATURE <b>Dorothy Foster</b>	
25c. REGISTRAR'S ADDRESS <b>2428 Frankfort Ave.</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Robert O. O'Connell</b>		26. FUNERAL DIRECTOR'S ADDRESS	



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 July, 1998.

*Barbara F. White*

Barbara F. White, State Registrar