

Supplemental District 7 5 5 Primary Registration District 2 2 7 5

1. PLACE OF DEATH a. COUNTY <u>Jefferson,</u>		b. USUAL RESIDENCE (When deceased lived in Kentucky, indicate location & STATE <u>Kentucky.</u> c. COUNTY <u>Jefferson.</u>	
b. CITY (If outside corporate limits, write SERIAL and give township) OR TOWN <u>Louisville, Kentucky.</u>		c. CITY (If outside corporate limits, write SERIAL and give township) OR TOWN <u>Louisville, 06-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence.</u>		e. STREET ADDRESS <u>657 Jentlawn, -1-</u>	
3. NAME OF DECEASED a. (First) (Type or Print) <u>ANNIE</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>BROWN.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 4, 1954.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried.</u>	8. DATE OF BIRTH <u>Nov. 20, 1874.</u>
9. AGE (in years last birthday)		10. AGE (in years last birthday)	
<u>80</u>		<u>80</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY <u>CC</u>	
13. FATHER'S NAME <u>Richard Peak.</u>		14. MOTHER'S MAIDEN NAME <u>Eliza A. Boone.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT (Name and address) <u>Miss Lucy H. Brown, Daughter.</u>		18. CITIZEN OF WHAT COUNTRY	
19. CAUSE OF DEATH (State only one cause for use for tab. use, etc.)		MEDICAL CERTIFICATION	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, embolism, etc. It means the disease, injury or complication which caused death.		DOE TO (b) <u>Arterio Sclerosis</u>	
21. OTHER SIGNIFICANT CONDITIONS Conditions anteceding to the death but not related to the disease or condition causing death.		DOE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 - 081-17</u>	
20a. ACCIDENT (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, mine, etc. or other place)	
20c. TIME (Month) (Day) (Year) OF INJURY		20d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
20e. INJURY OCCURRED WHEN AT - DAY WHILE -		20f. HOW DID INJURY OCCUR?	
20g. INJURY OCCURRED AT -		20h. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>54</u> to <u>Dec 20</u> , 19 <u>54</u> and that I last saw the deceased alive on <u>Jan 20</u> , 19 <u>54</u> and that death occurred at <u>657 Jentlawn, -1-</u> , from the causes and on the date stated above.			
22a. DATE SIGNED <u>12-25-54</u>		22b. ADDRESS <u>2416 W 2nd St Louisville</u>	
22c. SIGNATURE <u>Earl Blair M.D.</u>		(Degree or title)	
23a. BURIAL, CREMATION, EMERALGATION <u>Burial</u>		23b. DATE <u>December 7, 1954.</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Louisville, Kentucky.</u>	
24a. DATE REC'D BY LOCAL REG. <u>12-25-54</u>		24b. REGISTRAR'S SIGNATURE <u>Earl Blair</u>	
24c. REGISTRAR'S NAME <u>Earl Blair</u>		24d. FUNERAL DIRECTOR <u>J. B. Patterson &amp; Sons, Louisville, Kentucky.</u>	

DEC 21 1954

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By B. Pearson, Deputy