

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 52 23517

REGISTRAR'S NO. 5289

Registration District No. 255 Primary Registration District No. 227

1. PLACE OF DEATH a. COUNTY <u>Jefferson.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky.</u> b. COUNTY <u>Jefferson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville, Kentucky.</u>	c. LENGTH OF STAY (in this place) <u>06</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville.</u>	<u>18</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Horton Infirmary.</u>		d. STREET ADDRESS (If rural, give location) <u>2200 Garland Avenue, Zone 11.</u>	

3. NAME OF DECEASED a. (First) <u>ALVIN</u> b. (Middle) <u>L.</u> c. (Last) <u>KEOWN.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 8, 1952.</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>March 6, 1918.</u>	9. AGE (In years last birthday) <u>34</u>	If Under 1 Year Months <u>8</u> Days <u>2</u>	If Under 24 Hrs Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coun. y.</u>	11. BIRTHPLACE (State or foreign country) <u>Louisville, Kentucky.</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13. FATHER'S NAME <u>Thomas Keown.</u>	14. MOTHER'S MAIDEN NAME <u>Emma Beck.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>2200 Garland Avenue, Louisville, Mrs. Elizabeth B. Keown. wife. -11- Ky.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke seen on page</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gunshot wound of stomach</u> DUE TO (c) <u>Artery</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Homicide</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>981 X - 141 27</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (If fatal) SUICIDE <u>Homicide</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.) <u>Street</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Louisville Jefferson Ky.</u>
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13. FATHER'S NAME Thomas Keown, <i>H6</i>		14. MOTHER'S MAIDEN NAME Emma Beck	
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 2200 Gariand Avenue, Louisville, Mrs. Elizabeth B. Keown. Wife. -11- Ky.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke seen on page</i>		
ANTECEDENT CAUSES		DUE TO (b) <i>Gunshot wound of stomach</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Liver</i>	
II. OTHER SIGNIFICANT CONDITIONS		<i>Homicide</i>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>981 X - 141 27</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>Homicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <i>Street</i>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Louisville Jefferson Ky.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>11/8/52 12:30A</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>Homicide</i>	
22. I hereby certify that I attended the deceased from <i>12</i> to <i>12</i> , this I last saw the deceased alive on <i>12</i> , 19 <i>52</i> , and that death occurred at <i>12:30 A</i> m. from the causes and on the date stated above.			
23a. DATE SIGNED <i>11/2/52</i>	23b. ADDRESS <i>Fiscal Court Bldg</i>	23c. SIGNATURE <i>Wm. R. Ratterman, M.D.</i> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>November 10, 1952.</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Zachary Taylor National Cemetery.</i>	24d. LOCATION (City, town, or county) (State) <i>Louisville, Kentucky.</i>
25a. DATE REC'D BY LOCAL REG.	25b. REGISTRAR'S SIGNATURE <i>Wm. R. Ratterman</i>	25c. FUNERAL DIRECTOR ADDRESS <i>W. Ratterman & Sons. 2114 W. Market St.</i>	

11-17-52
967 Louisville, -12- Ky.
11-19-52