

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF STATISTICS
CERTIFICATE OF DEATH

File No. 49433
Registered No. 2

1 PLACE OF DEATH
County Rowan
Vol. No. 11 Registration District 311
Inc. Town Farmers Primary Registration District No. 2576
City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Harry Clayton Adams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married _____
Widowed _____
or Divorced _____
(Write the word)
6 DATE OF BIRTH April 16 1873
(Month) (Day) (Year)
7 AGE 3 yrs. 3 mos. 2 ds. IF LESS THAN 1
yr. day hrs. or min?
8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) 1.

9 BIRTHPLACE (State or country) Rowan Co., Ky.
10 NAME OF FATHER Howard Jones
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Mrs. Adams
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Stamps
(Address) Farmers, Ky.
Filed July 16 1923 Mrs. T. A. Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH July 16th 1923
(Month) (Day) (Year)
15 I HEREBY CERTIFY that I attended deceased from July 12 1923 to July 14 1923 that I last saw h.c.th. alive on July 14th 1923 and that death occurred on the date stated above at 4 p.m.

The CAUSE OF DEATH was as follows:
Colic of Stomach (Hypertension)
(Duration) 5 yrs. 5 mos. 5 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ d.
(Signed) A. W. McDaniel M. D.
July 16 1923 (Address) Morehead, Ky.
State the Disease Causing Death, or, in deaths from Violence, Cause state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

17 PLACE OF BURIAL OR REMOVAL Jones Home yard DATE OF BURIAL July 16 1923
18 UNDERTAKER P. D. Ferguson ADDRESS Farmers

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. E. G. statement of OCCUPATION is very important. See instructions on back of certificate.
MAKING SURE FOR READERS