

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

1 PLACE OF DEATH

County Rowan
Vol. Pat. Mouthead
Ins. Town Ky.
City _____

Registration District No. 1310
Primary Registration District No. 7332
(No. _____ St. _____ Ward _____)

File No. _____
Registered No. 29578
(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Meredith Adams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Nov. 4 1922
(Month) (Day) (Year)

7 AGE 3 yrs. 11 mos. 20 da.
If less than 1 yr. day hrs. min.

8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Frank Adams

11 BIRTHPLACE OF FATHER (State or country) Bath Co. Ky.

12 MARRIAGE NAME OF MOTHER Iva Casbolt

13 BIRTHPLACE OF MOTHER (State or country) West Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Burns Adams

(Address) Mouthead Ky.

15 Nov 3 1926 Registrar E. A. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 28 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 27th 1926 to Oct 28th 1926 that I last saw him alive on Oct 28th 1926 and that death occurred on the date stated above at 3 P.M.

The CAUSE OF DEATH* was as follows:
Bronchial pneumonia

(Duration) 1 yrs. 6 mos. 6 da.

Contributory (Accidental) _____

(Duration) 1 yrs. 6 mos. 6 da.

(Signed) W. M. ... M. D.
1042 325 1926 (Address) Mouthead Ky.

*State the disease causing death, or, in deaths from violent causes state the nature of injury; and (b) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____
at place _____ in the _____
of death 1 yrs. 6 mos. 6 da. State 1 yrs. 6 mos. 6 da.

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Oct 30, 1926

20 UNDERTAKER Walker Krammer ADDRESS Mouthead

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words, so that it may be properly classified. Do not check statements of OCCUPATION in very important. See instructions back of certificate.