

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37519

1 PLACE OF DEATH

County Bath

Vol. No. 5706

Inn, Town

City

2 FULL NAME

May Day

Registration District No.

Primary Registration District No.

File No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

4 DATE OF BIRTH Nov 3rd 1907
(Month) (Day) (Year)

7 AGE 10 yrs 10 mos 26 ds IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER John M. Day
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Adderback
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wall Day
(Address) Salt Lick, Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 15, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1918, to Dec 12, 1918, that I last saw him alive on Dec 12, 1918, and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH* was as follows:
influenza

(Duration) 10 ds.
Contributory Brother's Pneumonia
(Duration) 80 ds.
(Signed) L. F. Johnson, M. D.
Dec 14, 1918 (Address) W. M. Church, Ky

*State the DISEASE CAUSING DEATH, or, in case of VIOLENCE CAUSE, (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING SCHOOLS OR RECENT RESIDENTS)
At place of death 10 yrs 10 mos 26 ds. In the State 10 yrs 10 mos 26 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Johns Gap, Ky DATE OF BURIAL 17-14, 1918
20 UNDERTAKER John J. Rogers ADDRESS Salt Lick, Ky

Filed 12-16, 1918 at St. Alex. Co. Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. 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. Exact statement of OCCUPATION is very important. Instructions on back of certificate.