Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

18031

PLACE OF DEATH

CERTIFICATE OF DEATH

County Rowan

Vot. Pct. Farmers #10 Registration District 2492/3/0

Inc. Town Farmers Primary Registration District No. 0506

City ..... No. ..... St. ..... Ward

Film No. .....

Registered No. 39

(Check marked in margin or indicated by the letter (subject to final and verified))

FULL NAME Howard Ledford Stayton

PERSONAL AND STATISTICAL PARTICULARS

Sex: Boy	Color or race: White	Female, married, widowed, or divorced (Write the word)

DATE OF BIRTH: Sept 26 1921 (month) (day) (year)

AGE: ..... yrs. 10 mos. 11 ds. (If less than 1 day ... hrs. or min.)

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

BIRTHPLACE (State or country): Rowan Co.

PARENTS
(a) NAME OF FATHER: Luther Stayton
(b) BIRTHPLACE OF FATHER (State or country): Menafee Co.
(c) MAIDEN NAME OF MOTHER: Annie Roberson
(d) BIRTHPLACE OF MOTHER (State or country): Morgan Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Luther Stayton
(Address) Farmers

Filed Aug 8 1922 Miss A.W. McClure Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7 1922 (month) (day) (year)

I HEREBY CERTIFY, That I attended deceased from July 1, 1922 to Aug 7, 1922, that last saw him on Aug 6, 1922 and that death occurred on the date stated above at 7 a.m. The CAUSE OF DEATH was as follows:

Leukosis

(Duration) ..... yrs. 2 mos. ..... ds.

Contributory (Secondary) ..... mos. ..... ds.

(Signed) Dr Thos A. Edwards
Aug 8 1922 (Address) Farmers

LENGTH OF RESIDENCE (For Hospitals, Institutions, Tuberculosis or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where had disease contracted, if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL: Jones Cemetery
UNDERTAKER

DATE OF BURIAL: Aug 8 1922
ADDRESS

N. B.—Every item of information should be carefully supplied. Add should be given EXACTLY. PHYSICIANS should make CAUSE OF DEATH as well as the terms, so that it may be properly [illegible]. Exact statement of DISEASE is very important. See Instructions on back of certificate.