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

3429

1 PLACE OF DEATH

County Bath

Vol. Pct. #5106

Inc. Town ....

City .... (No. .... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. [illegible]

Primary Registration Dist. No. 5106

File No. 30

Registered No. ....

2 FULL NAME Herbit Staton

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX: Male	4 COLOR OR RACE: White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Baby
6 DATE OF BIRTH: February 1st 1913 (Month) (Day) (Year)		
7 AGE: ...... yrs. ...... mos. 18 ds.		IF LESS than 1 day ...... hrs. or ...... 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): Bath Co.		
PARENTS: 10 NAME OF FATHER: Luther Staton		
11 BIRTHPLACE OF FATHER (State or country): Menafee Co. Ky.		
12 MAIDEN NAME OF MOTHER: Amy Roberts		
13 BIRTHPLACE OF MOTHER (State or country): Morgan Co. Ky.		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Luther Staton

(Address) Frenchburg Ky.

15 Filed 2-25, 1913 A C Alexander, Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH: Feb 18, 1913 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1913, to Feb. 18, 1913, that I last saw him alive on Feb. 18th, 1913, and that death occurred, on the date stated above, at 4 P.m. The CAUSE OF DEATH* was as follows: Congenital Malformation (Duration) from birth ds. Contributory (Secondary) .... (Duration) ...... yrs. ...... mos. ...... ds.
(Signed) [illegible], M.D. Feb. 18, 1913 (Address) Frenchburg Ky.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds. Where was disease contracted, if not at place of death? .... Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
James McGrath	2-19, 1913
20 UNDERTAKER	ADDRESS
McGrath	Frenchburg

[illegible]