

FORM 1-1900 2-29-12
 1 PLACE OF DEATH
 County Bath
 Vol. No. 5106
 Inc. Town
 City (No. St. Ward)

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

17399

File No.
 Registered No.
 (If death occurred in a hospital or institution, give the NAME (number of street and number.)

2 FULL NAME Kelly Day

PERSONAL AND STATISTICAL PARTICULARS

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

3 DATE OF BIRTH Aug 1 1888
 (Month) (Day) (Year)

7 AGE 1 yrs. 10 mos. 4 ds.
 IF LESS than 1 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)

9 BIRTHPLACE (State or country) Bath Co., Ky.

10 NAME OF FATHER Geo. Day

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

12 MAIDEN NAME OF MOTHER Maudie Chick

13 BIRTHPLACE OF MOTHER (State or country) Bath Co., Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1920 to July 2, 1920 that I last saw him alive on July 2, 1920 and that death occurred on the date stated above at 1 A.M. The CAUSE OF DEATH* was as follows:
Bloody Flux
 (Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) C. D. Jones, M.D.
July 3, 1920 (Address) Salt Lick, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Dr. C. D. Jones
 (Address) Salt Lick, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN SIGHTS 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

16 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL July 4, 1920
 UNDERTAKER Mrs. Jew Vaughan ADDRESS Salt Lick, Ky.

Filed 7-4 1920 Mrs. H. H. Hays REGISTRAR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly certified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.