

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

1 PLACE OF DEATH

County Rowan

Vol. No. 122

Ing. Town Farmers

City

Registration District No. 1492

Primary Registration District No.

(No. St. Ward)

File No. 28472

Registered No. 12

[If death occurred in a hospital or institution, give the name instead of street and number.]

2 FULL NAME Jessie Willard Caldwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH Nov 20 1920  
(Month) (Day) (Year)

7 AGE 1 year 10 mo. 10 mo. 10 da.  
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 Kentucky  
(State or country)

10 NAME OF FATHER Jessie Caldwell

11 BIRTHPLACE OF FATHER Kentucky  
(State or country)

12 MAIDEN NAME OF MOTHER Randa Choate

13 BIRTHPLACE OF MOTHER Kentucky  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Olis Archie

(Address) Farmers Ky

15 Filed Nov 23 20 Armelie Myers  
Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Nov 23 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 21, 1920, to Nov 23, 1920, that I last saw him alive on Nov 22, 1920,

and that death occurred on the date stated above at 5:4 a.m.. The CAUSE OF DEATH was as follows:  
Injuries received during labor or confinement. Forceps were used.  
(Duration) yrs. mos. da.

Contributory (Duration) yrs. mos. da.

(Signed) Allen W. M. Chase, M. D.  
11/23 1920 (Address) Farmers Ky

18 State the DISEASE CAUSING DEATH, or, in case from VIOLENT CAUSES (1) NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death yrs. mos. da. State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery 21 DATE OF BURIAL Nov 23 1920

22 ADDRESS C. M. Myers Farmers Ky

MARGIN RESERVED FOR INDEXING

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.