

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28878

File no. _____
Registered No. 129

1. PLACE OF DEATH
County Bath
Vil. Pst. East Lick
Inc. Town _____
City _____

Registration District No. 50
Primary Registration District No. 2027

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

2. FULL NAME Coy Narris IF VETERAN, WHAT WART _____
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and block)
Length of residence in city or town where death occurred yrs. mos. ds. Was temp. in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OF HAIR white 5. Single, Married, Widowed or Divorced (with the wife)
6. If married, widowed, or divorced, HUSBAND or (or) WIFE of _____
7. AGE Nov 21 - 1939
Years Months Days If LESS than 1 yr. M. W. _____

8. Trade, profession, or particular kind of work done, at present, former, both/never, etc.
9. Industry or business in which work was done, at present, former, both, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky

13. NAME Clara Narris

14. BIRTHPLACE Ky

15. MAIDEN NAME Virginia M. Carty

16. BIRTHPLACE Ky

17. INFORMANT Clara Narris
(Address) East Lick Ky

18. BURIAL CREATION, OR REMOVAL From Jones Cemetery, Dec 23, 1939

19. UNDERTAKER No Undertaker
(Address) _____

20. FILED Jan 2, 1940 Max Rose Bradley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 21 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, 19____. The principal cause of death and related causes of importance in order of onset were as follows:

Premature Birth Date of onset _____
157A
Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) 23) In any of the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Carroll H. Hight M. D. or path
(Address) Corningville Ky

MARRIAGE RESERVED FOR BINDING. Every item of information should be accurately 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.