

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

22538

1 PLACE OF DEATH

County Bath
Vol. No. 5108
Inc. Town
City (No. St. Ward)

Magisterial dist 52

File No.
Registered No. 37
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elmer Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word) single

6 DATE OF BIRTH July 27 1871
(Month) (Day) (Year)

7 AGE 40 yrs. 5 mos. 5 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 Hyde Morris

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

12 MAIDEN NAME OF MOTHER Lizzie McCarty

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

14 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. Lee Mack
(Address) Farmers Ky.

15 Sept 10 1911 J. M. Pierce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 1 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1911 to Sept 1 1911, that I last saw him alive on Aug 22 1911, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Cerebrospinal fever
(Duration) yrs. mos. 15 ds.

Contributory (Duration) yrs. mos. ds.
(Signed) Wm. C. Deane M. D.
Sept 1 1911 (Address) Farmers Ky.

*Specify the DISEASE CAUSING DEATH, or, in deaths from VOLUNTARY 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? Farmers or usual residence

19 PLACE OF BURIAL OR REMOVAL Home DATE OF BURIAL 9/7 1911

20 UNDERTAKER W. R. Stephens ADDRESS Salt Lick

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE.—Every item of information should be accurately completed. 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.