FORM V. S. 1-200 M. 10-15-10

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County: Bath

Vot. Pct.: 5105 — Reg. Dist. No. 52.

File No. 17000

Inc. Town: Salt Lick Ky.

Registered No. 30

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

2 FULL NAME: Herman William Hardin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): single.

6 DATE OF BIRTH: May 5, 1910 (Month) (Day) (Year)

7 AGE: 1 yrs. 2 mos. 8 ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer): ....

9 BIRTHPLACE (state or country): Bath County

PARENTS

10 NAME OF FATHER: Leslie Hardin

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

12 MAIDEN NAME OF MOTHER: Mary Jane Purvis

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leslie Hardin

(Address) Salt Lick Ky

15 Filed July 31, 1911 J. W. Pierce, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 13, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Only saw the baby once but dont remember the time for ....., 191...,

that I last saw h..... alive on ...., 191...,

and that death occured, on the date stated above, at 3 p.m.

The CAUSE OF DEATH was as follows:

Gastro intestinal or Summer Complaint

.... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) ....

(Duration) ..... yrs. 2 mos. ..... ds.

(Signed) B. Cornelison, M.D.

July 13, 1911 (Address) Salt Lick 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: Jones Cemetery.

DATE OF BURIAL: July 14, 1911.

20 UNDERTAKER: A. L. Stephens

ADDRESS: Salt Lick Ky.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.