

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

FILE NO. 25115  
REGISTERED NO. 1

PLACE OF DEATH: Franklin  
COUNTY: Franklin  
REGISTRATION DISTRICT NO.: 7177  
TOWN: Franklin  
PRIMARY REGISTRATION DISTRICT NO.: 7177

NO. OF DEATHS IN THIS WARD: \_\_\_\_\_

FULL NAME: Carl Lison, My County

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male COLOR OR RACE: White AGE: 28  
DATE OF BIRTH: Sept. 13, 1914  
OCCUPATION: Supervisor  
BIRTHPLACE: Ky.  
NAME OF FATHER: Clara M. Carter  
BIRTHPLACE OF FATHER: Ky.  
MARRIAGE NAME OF MOTHER: Lizzie Rice  
BIRTHPLACE OF MOTHER: Ky.

EDUCATION: \_\_\_\_\_  
INDUSTRY: \_\_\_\_\_  
CAUSE OF DEATH: \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 28, 1916  
I HEREBY CERTIFY THAT I attended deceased from 11-8 to 11-28, 1916  
that last saw him alive on 11-28, 1916  
and that death occurred on the date stated above  
The CAUSE OF DEATH was as follows:  
Ronald B. ...

Contributory (Duration) \_\_\_\_\_  
Signed: H. H. ...  
Address: ...

PLACE OF BURIAL OR REMOVAL: Franklin  
DATE OF BURIAL: 11-28-16  
BURIAL PLACE: ...

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