

PLACE OF DEATH

County Bath
Vol. No. 102 (include city or town)
Inc. Town North

District No. 57
Primary Registration District No. 5106

File No. 11539

Registered No. _____

(If death occurred in a hospital or institution give its name, street and number.)

City (No. St. Ward) _____
FULL NAME Ewell Clayton McKenzie

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

4 DATE OF BIRTH May 9, 1920
(Month) (Day) (Year)

7 AGE 1 yr. 25 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.

PARENTS
10 NAME OF FATHER Brownson McKenzie
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Flora Myers
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Brownson McKenzie
(Address) Salt Lick, Ky.

15 Filed 6-6, 1921 by Dr. Alexander

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1921, to June 6, 1921, that I last saw him alive on June 5, 1921, and that death occurred on the date stated above at 2⁰⁰ am. The CAUSE OF DEATH* was as follows:

Acute Dis-e-celitis
(Duration) 10 ds.

Contributory (Secondary) _____ (Duration) 10 ds.

(Signed) D.P. Claypool, M.D.
June 6, 1921 (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) In the _____ State _____ yrs. _____ mos. _____ ds.

At place of death _____ 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 6-6, 1921

UNDERTAKER Mrs. J. Vaughan ADDRESS Salt Lick

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
Every item of Informatic should state CAUSE OF DEATH
Occupation is very important. See instructions on back of certificate.

MARGIN RESERVED FOR NUMBER