

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

1 PLACE OF DEATH

County Bath

Vol. No. 1086

Registration District No. 57

File No. 5623

Ino. Town

Primary Registration District No.

Registered No.

City

No.

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

2 FULL NAME Lueda Myers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED, WIDOWED OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH 1844
(Month) (Day) (Year)

7 AGE 83 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER G. B. Stator

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Grace Williams

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marion Myers
(Address) Flowers 124

15 PLACE OF BURIAL OR REMOVAL Flowers Cemetery

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 1, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1926, to March 1, 1926, that I last saw him alive on March 1, 1926, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
Influenza

Contributory the catarrhal disease of the respiratory organs

(Signed) Dr. P. J. Jones M. D.
March 1, 1926 (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 Flowers Cemetery

20 DATE OF BURIAL 3-8-26

21 UNDERTAKER Ms J. W. Vaughan ADDRESS Salt Lick, Ky

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly indexed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.