

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Rowan
Vol. Pat.
Ino. Town Farmers
City (No. St. Ward)

Registration District No. 7492
Primary Registration Dist. No.

File No. 5466
Registered No. 8

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mark Myrshin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4th June 1914
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 14 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Farmers Rowan Co

10 NAME OF FATHER Ernest Myrshin

11 BIRTHPLACE OF FATHER (State or country) Rowan

12 MAIDEN NAME OF MOTHER Lucile Hayes

13 BIRTHPLACE OF MOTHER (State or country) Martin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ernest Myrshin (Address) Farmers

15 Filed 2-19-14 Maud Myrshin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18th 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 18th, 1914, to July 18, 1914 that I last saw him alive on 15th & 16th, 1914 and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH* was as follows:

Leure for Special Meningitis
24 hours (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds. (Signed) Dr. F. M. Leaster M.D. (Address) Farmers 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 Feb. 19, 1914

20 UNDERTAKER me WR Stevens ADDRESS Salt Lick