

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

PLACE OF DEATH
Lowan
Vol. *Harmer*
Ino. Town *Harmer*
City (No. _____) (St. _____) (Ward _____)

File No. *20086*
Registered No. *18*
(If death occurred in a hospital or institution give the SAME number of street and number.)

FULL NAME *Jesse A McFarland*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *Male* 2 COLOR OR RACE *White* 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

4 DATE OF DEATH *Nov 7 1924*
(Month) (Day) (Year)

4 DATE OF BIRTH *Sept 12 1877*
(Month) (Day) (Year)

5 I HEREBY CERTIFY, That I attended deceased from *Oct 1 1923* to *Nov 7 1923*

7 AGE *46 yrs 1 mos 24 ds*
IF LESS than 1 day ... hrs. or ... min.

that I last saw her alive on *Nov 7 1923* and the death occurred on the date stated above at *11* p.m. The CAUSE OF DEATH was as follows:

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

Tuberculosis
lung
(Duration) 4 yrs. 1 mos. 24 ds.

9 BIRTHPLACE (State or country) *Bath Co*

Contributory (Secondary) _____

10 NAME OF FATHER *Sam Day*
11 BIRTHPLACE OF FATHER (State or country) *Elliott Co, Mo*
12 MAIDEN NAME OF MOTHER *Josephine Craig*
13 BIRTHPLACE OF MOTHER (State or country) *Bath Co*

(Signed) *D. H. North*, M. D.
(Address) *Harmer*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Hona Cassidy*
(Address) *Harmer, Ky*

16 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 _____

15 FILED *Nov 8 1923* *Miss J. E. Evans*
REGISTRAR

17 PLACE OF BURIAL OR REMOVAL *Jones Graveyard* DATE OF BURIAL *Nov 8 1923*
18 UNDERTAKER *Miss J. R. Vaughan* ADDRESS *Salt Lick*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
B. S.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in proper terms, so that it may be properly CUPATION is very important.