Form V. S. 1-6000 3-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 21468

Registered No. .....

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

1 PLACE OF DEATH

County Rowan

Vot. Pct. Farmers' Registration District No. 7492

Inc. Town Farmers' Primary Registration District No. 7492

City ..... (No. ..... St., ... Ward)

2 FULL NAME Dr F. M. Carter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: July 28, 1831 (Month) (Day) (Year)

7 AGE: 87 yrs. 2 mos. 13 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Morgan Co.

PARENTS

10 NAME OF FATHER: +

11 BIRTHPLACE OF FATHER (State or country): Ky.

12 MAIDEN NAME OF MOTHER: +

13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Carter

(Address) Farmers Ky.

15 Filed Aug 11, 1918 Maude Myers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug 10, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1918, to Aug 10, 1918, that I last saw him alive on Aug 10, 1918, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) .....

(Duration) ... yrs. ... mos. ... ds.

(Signed) Thos A. Kennard, M. D.

Aug 11, 1918 (Address) Farmers

*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: Aug 11, 1918

UNDERTAKER: Mr. Vaughan

ADDRESS: Salt Lick

11—2194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. A UNIFORM ISSUE—THIS IS A PERMANENT RECORD

B. E.—Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Report statement of OCCUPATION is very important. See instructions on back of certificate.