

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

31388

1 PLACE OF DEATH

County Bath

Vol. Salt Lake

Inc. Town

City

2 FULL NAME

James Stephens

Registration District No. 52

Primary Registration District No. 9106

No.

St.

File No.

Registered No. 17

(If death occurred in a hospital or institution give the name (street & number).)

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1870
(Month) (Day) (Year)

7 AGE 49 yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Magoffin Co Ky

10 NAME OF FATHER John Stephens

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Manda Coffey

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lida Stephens

(Address) Farmers Ky

Filed 12-8 1919 M. H. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 7 1919
(Month) (Day) (Year)

16 I HEREBY CERTIFY, that I attended deceased from Nov. 26, 1919, to Dec 7, 1919,

that I last saw her alive on Dec 6, 1919,

and that death occurred on the date stated above at 2 p.m. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(Duration) ... yrs. ... mos. 12 ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) W. H. Williams, M. D. Dec 8, 1919, (Address) Farmers Ky

17 STATE THE CAUSE OF DEATH, (1) whether from VIOLENCE, (2) whether from ACCIDENTAL, (3) whether from HOMICIDE, (4) whether from SUICIDE, (5) whether from NATURAL CAUSES, (6) whether from UNKNOWN CAUSES.

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 12-8, 1919

UNDERTAKER Mrs. J. W. Vaughan ADDRESS Salt Lake Ky

e. c. # 81
1-23-22

CP 214 89
11-2-22

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.