

FORM 10-1-1920 1-29-12  
 PLACE OF DEATH  
 County Bath  
 Vol. No. 5106 Registration District No. 572  
 Inc. Town ..... Primary Registration District No. ....  
 City ..... (No. .... St., ..... Ward) .....

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

17398

File No. ....  
 Registered No. ....  
 (If death occurred in a hospital or institution, give the NAME (instead of street and number.)

FULL NAME Halter Hayes

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
 Every item of information should be carefully checked. All 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.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>male</u>	2 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>single</u>
4 DATE OF BIRTH <u>Nov 25, 1918</u> (Month) (Day) (Year)		
7 AGE <u>1 yr. 7 mos. 17 da.</u> IF LESS than 1 day... hrs. or... min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Michigan</u>		
PARENTS	10 NAME OF FATHER <u>Art. Hayes</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Ethel McRob</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH  
July 12, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1920 to July 12, 1920, that I last saw him alive on July 12, 1920, and that death occurred on the date stated above at his home. The CAUSE OF DEATH was as follows:  
Phlebotomy  
 (Duration) ... yrs. ... mos. 12 da.

Contributory (Secondary) Wuthona  
 (Duration) ... yrs. ... mos. ... da.

(Signed) C. J. Jones, M. D.  
July 10, 1920 (Address) Salt Lick, Ky.

18 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YEAR RESIDENTS OR RECENT RESIDENTS)  
 At place of death ... yrs. ... mos. ... da. State ... yrs. ... mos. ... da.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence ...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dr. C. J. Jones  
 (Address) Salt Lick, Ky.

15 Filed 7-13-20 at McHenry

20 PLACE OF BURIAL OR REMOVAL  
Jones Cemetery  
 21 UNDERTAKER  
Mrs. J. Vaughan Salt Lick

DATE OF BURIAL  
7-13-20  
 ADDRESS  
Salt Lick