

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

6675

PLACE OF DEATH  
County Booth  
Reg. Dist. No. 12  
Ino. Town  
City No. David Gilbert St. Ward

File No. 6675  
Registered No.  
(If death occurred in a hospital or institution, give its name instead of street and number.)

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>widower</u>
4 DATE OF BIRTH <u>1859</u>		
7 AGE <u>61</u> yrs. <u>0</u> mos. <u>0</u> ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>unknown</u>		
PARENTS	10 NAME OF FATHER <u>    </u>	11 BIRTHPLACE OF FATHER (State or country) <u>    </u>
	12 MAIDEN NAME OF MOTHER <u>    </u>	13 BIRTHPLACE OF MOTHER (State or country) <u>    </u>

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH  
March 31, 1920

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1920 to March 29, 1920 that I last saw her alive on March 29, 1920 and that death occurred on the date stated above at 7:15 A.M. The CAUSE OF DEATH\* was as follows:  
Paralysis of rt side, probably caused by rupture of middle cerebral artery  
Duration:      yrs. 0 mos. 0 ds.  
Contributory: Pneumonia influenza  
     days and      hrs.      mos.      ds.  
(Signed) C. P. Jones M.D.  
March 27, 1920 (Address) Salt Lick, Ky

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

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL  
15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN SIGHTS OR RECENT RESIDENTS)  
At place of death      yrs.      mos.      ds. State      yrs.      mos.      ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence     

18 FILED 3-21, 1920 W. H. Alex. Alexander  
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL  
Jones grave  
17 UNDERTAKER  
Wm. Henderson  
DATE OF BURIAL  
3-21, 1920  
ADDRESS  
Salt Lick, Ky

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.