

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

1 PLACE OF DEATH
County Rowan Co.
Vol. For Farmers
Inc. Town Farmers
City..... (No..... St.,..... Ward)

Registration District D 7492
Primary Registration District No. 2506

File No. 36721
Registered No. 4227

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

2 FULL NAME Carnell J. Ameth

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
6 DATE OF BIRTH Sept 7, 1915
7 AGE 3 yrs. 2 mos. IF LESS than 1 day... hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Rowan Co.

10 NAME OF FATHER South Ameth
11 BIRTHPLACE OF FATHER (State or country) McKoffin Co.
12 MAIDEN NAME OF MOTHER Lena Twepfer
13 BIRTHPLACE OF MOTHER (State or country) Rowan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) South Ameth
(Address) Farmers, Ky.

15 Filed 11-7-18 Maude Myers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 7th 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1918, to Nov 7, 1918, that I last saw him live on Nov 7, 1918, and that death occurred on the date stated above at 2:30 p.m. The CAUSE OF DEATH was as follows:

Gastroenteritis
Whooping Cough
(Duration) 1 yrs. 1 mos. 0 ds.

Contributory (Secondary).....
(Duration)..... yrs. mos. ds.
(Signed) D. H. ..., M. D.
(Address) Farmers, Ky.

*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 REGENT 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 Nov 8, 1918
UNDERTAKER Mr. Stevens ADDRESS Sect Lick

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. B.--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.