

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

2397

PLACE OF DEATH Manly, Ky.
County Madison
Vid. Pol. No. 1
Reg. District No. 1010
Primary Registration District No. 2505
Registered No. _____
[If death occurred in a hospital or institution, give its name (number of street and number)]
City Manly, Ky. St. _____ Ward) _____
FULL NAME Henry Harrison King

MAJOR RESERVED FOR RECORDS
WRITE PLAIN WITH SEPARATE INK--THIS IS A PENNY SAVINGS
N. B.--Every item of information should be carefully supplied. All deaths should be reported immediately, and the cause of death should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. JTA:SA 90 317-317353

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

4 DATE OF BIRTH _____ 5 AGE 83 yrs. 83 mos. 0 ds. IF LESS than 1 day... hrs. or... min.?

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

7 BIRTHPLACE (State or country) Ohio

8 NAME OF FATHER William King

9 BIRTHPLACE OF FATHER (State or country) Ky.

10 MAIDEN NAME OF MOTHER Mohr

11 BIRTHPLACE OF MOTHER (State or country) Ky.

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) _____ (Address) _____

13 DIED Manly, Ky. Mar 7, 1917 Registrar _____

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH March 6, 1917

15 I HEREBY CERTIFY, that I attended deceased from March 3, 1917 to March 6, 1917, that I last saw him alive on March 6, 1917, and that death occurred on the date stated above at 9 P.M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. 0 mos. 0 ds.

Contributor Auto Accident

(Duration) 4 yrs. 0 mos. 0 ds.

(Signed) J. H. King M. D.
March 7, 1917 (Address) Manly, Ky.

16 State the Disease Causing Death, or, in Death from Violent Cause state (1) Manner or Injury and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YARD HOURS OR AGENT 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 PLACE OF BURIAL OR REMOVAL James Cemetery DATE OF BURIAL Mar. 8, 1917

UNDER-TAKER J. B. Calvert ADDRESS Manly, Ky.