

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 5021County MathVol. Pat. 408Registration District No. 02

Registered No. \_\_\_\_\_

Inn. Town \_\_\_\_\_

Primary Registration District No. 40 45

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Childress William W. R.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. Was long in U.S. (If foreign born) yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 4 COLOR OR RACE white 5 Single single  
Married single  
Widowed  
Or divorced  
(Write the word)6a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_7 DATE OF BIRTH Feb. 10/32  
(Month) (Day) (Year)8 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If (188 has) 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

10 MULTIPLE PLACE (city or town) near "alt Lick, Math  
(State or county) County, Ky.11 NAME OF FATHER Truman "Ted" Yages12 BIRTHPLACE OF FATHER (city or town) Math Co., Ky.  
(State or county)13 MAIDEN NAME OF MOTHER Fern Mae Stator14 BIRTHPLACE OF MOTHER (city or town) Math Co., Ky.  
(State or county)15 (Informant) D. C. Jones  
(Address) "alt Lick, Ky.16 Filed 3-8, 1932 by Dr. H. S. Hyman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH March 7/32 12 (Month) (Year)13 I HEREBY CERTIFY, That I attended deceased from Feb. 20/32 19\_\_\_\_, to MAR. 1/32 19\_\_\_\_,that I last saw him alive on March 1/32 19\_\_\_\_,and that death occurred on the date stated above at 1 P.M.The CAUSE OF DEATH\* was as follows:  
Baby was rather small and very weak atbirth and I was told that it never gainedstrength and became jaundiced154 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Catarrhal Jaundice 6 to 8 days  
(Secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

14 WHETHER WAS DISEASE CONTRACTED

If not at place of death \_\_\_\_\_

Did an operation precede death? NO Date of \_\_\_\_\_Was there an autopsy? NO

What test confirmed diagnosis? \_\_\_\_\_

(Signed) D. C. Jones, M. D.March 8, 1932 (Address) "alt Lick, Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

15 PLACE OF BURIAL (or REMOVAL) James Coon DATE OF BURIAL 3-8, 1932UNDERTAKER James Coon ADDRESS None

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be given 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.