

PLACE OF DEATH

County *Letcher*

Vet. Post *Carlisle*

Inc. Town

City

Registration District No. *850*

Primary Registration Dist. No. *7066*

File No. *15734*

Registered No. *182*

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

FULL NAME *Bayla Hunt*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. M.—Every item of information on this certificate should be checked carefully. ALL should be checked. Every statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED (Print the word) *Single*

DATE OF BIRTH *Nov 12, 1911*
(Month) (Day) (Year)

AGE *5 yrs 7 mos 7 ds*
If LESS than 1 day... hrs. or... min.

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

BIRTHPLACE (State or country) *Letcher Co*

10 NAME OF FATHER *Henry Hunt*

11 BIRTHPLACE OF FATHER (State or country) *Beth Co*

12 MARRIED NAME OF MOTHER *Sallie Gibson*

13 BIRTHPLACE OF MOTHER (State or country) *Letcher Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Alexander Hight*

(Address) *P.O. Mt. Sterling, Ky.*

15 FILED *June 20, 1912*

REGISTRAR *W. H. Carter*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 19, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 14, 1912*, to *June 19, 1912*, that I last saw her: alive on *June 14, 1912*, and that death occurred, on the date stated above, at *5 P.M.*

The CAUSE OF DEATH* was as follows:

Asthma

about 2 a.m.
(Duration) (yrs) (mos) (ds)

Contributory (Cause) (Duration) (yrs) (mos) (ds)

(Signed) *St. J. Pratt*, M. D.
June 20, 1912 (Address) *Mt. Sterling, Ky.*

*State the DISEASE CAUSING DEATH, if death from VOLUNTARY CAUSE, HATE (1) MEANS OF INJUSTICE; and (2) whether ACCIDENTAL, SOCIODIAL or HOMICIDAL

(17) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death (State) (yrs) (mos) (ds)

Where was disease contracted, if not at place of death? Former or usual residence

18 PLACE OF BURIAL OR REMOVAL *Letcher Co* DATE OF BURIAL *6-20-1912*

19 UNDERTAKER *W. H. Carter* ADDRESS *Mt. Sterling, Ky.*