

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

1 PLACE OF DEATH

County BathVol. No. 5106 Registration District No. 52Ino. Town Centerville Primary Registration District No. 5706

City (No. St., Ward)

2 FULL NAME Adela StatorFile No. 28575Registered No. 56

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)6 DATE OF BIRTH Oct 7 1913
(Month) (Day) (Year)7 AGE 24 yrs. mos. ds. IF LESS than I day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Bath County, Ky.10 NAME OF FATHER William Stator11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Mary Caldwell13 BIRTHPLACE OF MOTHER (State or country) Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Garner Carpenter
(Address) Harrods, Ky.15 Filed 11-10, 1913 Dr. Alexander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 1, 1913
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from I did not see it, 1913, that I last saw h..... alive on....., 1913,and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
I don't know it was found dead in bed at 4 o'clock on Nov. 1, 1913. had not been sick that the person of thesee their statements(Signed) I. J. Patten, D. M. D.
(Address) Bath, Ky.

*State the DISEASE CAUSING DEATH, or, if death from ACCIDENT OR SUICIDE, 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. State..... yrs..... mos..... ds. In the

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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov 2, 1913

20 UNDERTAKER ADDRESS

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

No. 5.—Every item of information should be carefully supplied. Ask about it if you are in doubt. Do not state CAUSE OF DEATH in plain terms, do that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

See their statements