

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

1 PLACE OF DEATH

County Bath

Vot. Pot. Salt Lick

Inc. Town

City

2 FULL NAME Still Birth

Registration District No. 92

Primary Registration District No. 916

(No. St., Ward)

File No. 87

Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Jan 1 1920
(Month) (Day) (Year)

7 AGE Never Breathed 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) Bath Co

10 NAME OF FATHER Alex Calfery

11 BIRTHPLACE OF FATHER (State or country) Bowling Co

12 MAIDEN NAME OF MOTHER Lucy Myers

13 BIRTHPLACE OF MOTHER (State or country) Bath Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alex Calfery

(Address) Farmers

Filed Jan 2 1920 M. H. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Jan 1 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191....., to..... 191.....

that I last saw h... alive on..... 191..... and the death occurred on the date stated above at.....

The CAUSE OF DEATH was as follows: operation for delivery of child dild in turning

(Duration)..... yrs..... mos..... ds.

Contributory (Secondary)..... (Duration)..... yrs..... mos..... ds.

(Signed) A. Thistlethwaite M. D.

Jan 2 1920 (Address) Farmers

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS OR REGENT 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

19 PLACE OF BURIAL OR REMOVAL Jones g. yard DATE OF BURIAL 1-2 1920

20 ATTENDING PHYSICIAN M. J. Vaughan ADDRESS Salt Lick

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.