

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

94

1 PLACE OF DEATH

County Boone

File No. \_\_\_\_\_

Vol. No. \_\_\_\_\_

Registration District No. 5-2

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

Ins. Town \_\_\_\_\_

Primary Registration District No. 487

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Pettit

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If necessary, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced Single  
(Write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DAYS OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 66 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If less than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Kentucky

10 NAME OF FATHER Ben Pettit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) \_\_\_\_\_

14 (Informant) Jess Pettit (Address) Salt Lick, Ky

15 Filed 1-20-1935 - H. C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 19 1935  
(Month) (Year)

17 I HEREBY CERTIFY, That I attended deceased from about Nov. 1, 1932 to Oct. 29, 1934 that I last saw him alive on Oct. 29, 1934

and that death occurred on the date stated above at 12:00 p.m.

The CAUSE OF DEATH<sup>a</sup> was as follows:  
Dilatation of Throat

(Duration) 1/262 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

18 WHERE 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) A. C. P. Jones M. D.  
Jan 19 1935 (Address) Salt Lick, Ky

<sup>a</sup>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. (Use reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Jan 20 1935

20 UNDERTAKER James + Harman ADDRESS Salt Lick, Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
M. D.—Every item of information should be carefully supplied. ACC should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text that it may be properly classified. Exact date of OCCUPATION is very important. See instructions on back.