

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

1 PLACE OF DEATH

County *Bath*

Vol. No. *5706*

Ino. Town

Registration District No. *52*

Primary Registration District No.

File No.

Registered

*1938*

is a hospital or institution give the BUILD (instead of street and number.)

City

No.

St.

Ward

2 FULL NAME *Arson Myers*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Don't know*

7 AGE *62* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Don't know* (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Bath Co Ky*

10 NAME OF FATHER *Fielding Myers*

11 BIRTHPLACE OF FATHER (State or country) *Bath Co Ky*

12 MAIDEN NAME OF MOTHER *Don't know*

13 BIRTHPLACE OF MOTHER (State or country) *Don't know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs Louisa Myers* (Address) *Salt Lick Ky*

15 FILED *8-26-18* *S.C. Alexander* REGISTRAR

*Mrs S.C. Alexander*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *8 25 1918*

17 I HEREBY CERTIFY, That I attended deceased

from *1918* to *1918*

that I last saw him *alive on* *1918*

and that death occurred on the date stated above

at *the residence of Magistrate*

*acting coroner*

*from unknown cause*

Contributory (Specify)

(Signed) *G.H. Cray* *J.P. Reading*

*8-25-18* (Address) *Salt Lick Ky*

\*Mark the UNNATURAL CAUSE OF DEATH, or, in death from VOLUNTARY CAUSES state (1) MANSlaughter; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death *yr. mos. ds.* In the State *yr. mos. ds.*

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Home yard* DATE OF BURIAL *8-26-18*

UNDERTAKER *Mrs J.R. Vaughan* ADDRESS *Salt Lick Ky*

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. E.--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.