

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

1 PLACE OF DEATH
County Bask
Vol. No. 5106
Inc. Town Salt Lick Twp. Reg's Dist 452.
City _____ (No. _____ St. _____ Ward _____)
2 FULL NAME Mellie May Craig
File No. 17003
Registered No. 37
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3 SEX <u>Female</u> | 4 COLOR OF RACE <u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> |
| 6 DATE OF BIRTH <u>May 11 1911</u> | | |
| 7 AGE <u>1 yr. 2 mos. 2 ds.</u> | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u> | | |
| 9 BIRTHPLACE (State or country) <u>Bask Co.</u> | | |
| 10 PARENTS | 10 NAME OF FATHER <u>Riley Craig</u> | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Bask Co.</u> | |
| | 12 MAIDEN NAME OF MOTHER <u>Nannie Hawkins</u> | |
| | 13 BIRTHPLACE OF MOTHER (State or country) <u>Bask Co.</u> | |

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH
July 13 1911

15 I HEREBY CERTIFY, That I attended deceased from June 21 1911, to July 7 1911, that I last saw him alive on July 7 1911, and that death occurred, on the date stated above, at 2:50 PM.

The CAUSE OF DEATH* was as follows:
disaition the result of a gastro intestinal irritation

(Duration) yrs. mos. ds. 1 1 0

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

(Signed) B. Conchison M. D.
July 13 1911 (Address) Salt Lick Twp. Ky.

WRITE THE DIRECT CAUSE OF DEATH OR DEATH FROM VIOLENT CAUSE, STATE (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

17 PLACE OF BURIAL OR REMOVAL
Jones Cemetery

18 DATE OF BURIAL
July 14 1911

19 ADDRESS
Johnson Roger Salt Lick

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Riley Craig
(Address) Salt Lick Twp.
Filed July 31, 1911 of G. L. Linn
REGISTRAR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERNANENT RECORD

* Every cause 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.