

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

8571

1 PLACE OF DEATH

County Bath

Vot. Prec. Salt Lick

Inc. Town

City

2 FULL NAME

Registration District No. 52

Primary Registration District No. 5106

(No. St., Ward)

File No.

Registered No.

(If death occurred in a hospital or institution, give the NAME (number 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 March 30 - 1919  
(Month) (Day) (Year)

7 AGE - yrs. - mos. - ds. 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 Bronston McFungie

11 BIRTHPLACE OF FATHER (State or country) Rowan Co.

12 MAIDEN NAME OF MOTHER Flora Myers

13 BIRTHPLACE OF MOTHER (State or country) Bath Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bronston McFungie  
(Address) Salt Lick, Ky.

15 Filed 3-31-1919 Mrs. S. C. Alyand  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30 - 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Still Born, 1919, that I last saw him alive on -, 1919, and that death occurred on the date stated above at - m. The CAUSE OF DEATH was as follows:

Monstrosity

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

Contributory (Secondary) Teratosis Head

(Signed) Dr. J. H. A. Williams, M. D.  
Date Mar 30, 1919 (Address) Farmers

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 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

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 3-31-1919

20 UNDERTAKER Mrs. J. W. Vay ADDRESS Salt Lick, Ky.

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.