

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
R.D. # 7492

File No. 19450

Registered No. 21

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

1 PLACE OF DEATH  
County Rowan Ky  
Vol. Pat. 2  
Inc. Town Farmers 17  
City (No. .... St.) ..... Ward

2 FULL NAME Leola Myrtle Day

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If in the world) Married

6 DATE OF BIRTH July 1 1911 (Month) (Day) (Year)

7 AGE 28 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) House wife

9 BIRTHPLACE (State or country) Rowan Co. Ky.

PARENTS

10 NAME OF FATHER Morgan Elam

11 BIRTHPLACE OF FATHER (State or country) Morgan Co. Ky

12 MAIDEN NAME OF MOTHER Elizabeth Ward

13 BIRTHPLACE OF MOTHER (State or country) Morgan Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Day  
(Address) Farmers 17

15 Filed July 3, 1911 H. D. Myers  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1, 1911 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1911, to June 30, 1911, that I last saw him alive on June 30, 1911, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of the Lungs.

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

Contributory (SECONDARY) ... (Duration) 1 yrs. ... mos. ... ds.

(Signed) F. M. Leonard, M. D.  
July 3, 1911 (Address) Farmers 17

\*State the DISEASE CAUSING DEATH, or, if death is from VIOLENT CAUSE, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, HOMICIDAL 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 James Lee, Ky DATE OF BURIAL July 3, 1911

UNDERTAKER W. B. Stephens ADDRESS Lawrence Ky

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

2. 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.