

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

1 PLACE OF DEATH

County *Bath*

Vet. Pot. *5106* Registration District No. *52*

Ino. Town *near Salt Lick* Primary Registration District No. *2106*

City *(No. St. Ward)*

2 FULL NAME *Chester Roy Pettitt*

File No. *17329*

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *July 3, 1914*
(Month) (Day) (Year)

6 DATE OF BIRTH *April 3, 1913*
(Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *July 17, 1914*, to *July 3, 1914*, that I last saw him alive on *July 1, 1914*

7 AGE *1 yrs. 3 mos. 1 ds.* IF LESS than 1 day ... hrs. or ... min.?

and that death occurred on the date stated above at *3:30 p.m.* The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work. *Infant*
(b) General nature of industry, business or establishment in which employed (or employer)

acute spinal meningitis

9 BIRTHPLACE (State or country) *Salt Lick, Ky.*

(Duration) ... yrs. ... mos. ... ds.
Contributory *none specially*
(SECONDARY)

10 NAME OF FATHER *Grant Pettitt*

(Duration) ... yrs. ... mos. ... ds.
(Signed) *H. L. Nichol*, M. D.

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

July 3, 1914 (Address) *Salt Lick, Ky.*

12 MAIDEN NAME OF MOTHER *Mary Thompson*

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

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Grant Pettitt*
(Address) *Salt Lick, Ky.*

Where was disease contracted, if not at place of death?
Former or usual residence

15 FILED *7-3, 1914* *J. C. Alexander* REGISTRAR

19 PLACE OF BURIAL OR CREMATION *James Granger* DATE OF BURIAL *7-4, 1914*

20 UNDERTAKER *Mrs. W. Bush* ADDRESS *Salt Lick*