

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

PLACE OF DEATH
County Bath
Vol. No. 3706
Reg. Dist. No. 32
Inc. Town
Primary Reg. Dist. No. 5706
City (No. of City) Ward
File No. 277
Registered No. 1
[If death occurred in a hospital or institution, give its NAME, number of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) infant
DATE OF BIRTH 1 11 1915
AGE 7 yrs. 7 mos. 7 ds. IF LESS than 1 day... hrs. or... min.?
OCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer)
BIRTHPLACE (State or country) Bath co Ky
PARENTS: 10 NAME OF FATHER Wm Stalace 11 BIRTHPLACE OF FATHER (State or country) Union co Ky 12 MAIDEN NAME OF MOTHER Mary Caldwell 13 BIRTHPLACE OF MOTHER (State or country) Raven co Ky

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 18 1915
I HEREBY CERTIFY, That I attended deceased from 1815 to 1915, that I last saw h... alive on 1815 and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Unlabeled Verdict of Coroner Jury found Dead in bed 11 P.M.
Contributory (Duration) yr. mos. ds.
(Signed) H. Calixander, Coroner
1-19-1915 (Address) Bath Ky
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(10) 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Stalace (Address) Bath Ky

15 PLACE OF BURIAL OR REMOVAL Union Grove yard DATE OF BURIAL 1-20-1915
16 UNDERTAKER none ADDRESS

MARGIN RESERVED FOR RECORDS
WRITE PLAIN WITH INK WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSION 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.