

FORM NO. 1 (REVISED 1-22-17)

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16484

PLACE OF DEATH

County Bath

Vol. No. Salt Lick

Town

City

Registration District No. 52

Primary Registration District No. 5106

File No.

Registered No. 12

(To be filled out by hospital or physician)

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE White

DATE OF BIRTH May 5, 1921

AGE 2 mos. 2 da. IF LESS THAN 1 YR. STATE MONTH AND DAY

OCCUPATION (a) Trade, profession, or particular kind of work

PLACE OF BIRTH Bath Co.

NAME OF FATHER Wm. H. Stayton

PLACE OF BIRTH OF FATHER Kentucky

NAME OF MOTHER Marion Colwell

PLACE OF BIRTH OF MOTHER Kentucky

INFORMANT W. H. Stayton

ADDRESS Marshers

FILE NO. 8-4 REG. DIST. NO. 5106

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8, 1924

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Aug 3, 1924, that I last saw him alive on Aug 2, 1924, and that death occurred on the date stated above at 5:30 p.m. The CAUSE OF DEATH was as follows:

Colitis - White

PLACE OF DEATH Bath Co.

DECEASED'S RESIDENCE Marshers

DATE OF BIRTH May 5, 1921

PLACE OF BIRTH Kentucky

PLACE OF DEATH Bath Co.

PLACE OF BIRTH OF FATHER Kentucky

PLACE OF BIRTH OF MOTHER Kentucky

PLACE OF BIRTH OF DECEASED Marshers

WHICH RELATES TO THE DECEASED
WRITE PLAINLY WITH REPAIRS ETC.—THIS IS A PRELIMINARY RECORD
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