

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

LOCALITY OF DEATH

County *Bath*

Vol. No. *5106*

Registration District No. *52*

Inc. Town

Primary Registration District No. *5106*

City

No. _____ St. _____ Ward _____

File No. *12262*

Registered No. _____

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

FULL NAME *Mr. Francis Prailer*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female* 2 COLOR OR RACE *White* 3 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *Married*

4 DATE OF BIRTH *Sept 11, 1839*

5 AGE *76* yrs. *8* mos. *7* ds. IF LESS THAN 1 yr., hrs. or min.?

6 OCCUPATION (a) Trade, profession, or particular kind of work. *None* (b) General nature of industry, business or establishment in which employed (or employer)

7 BIRTHPLACE (State or territory) *Bath, Co. Ky.*

8 NAME OF FATHER *James Montgomery*

9 BIRTHPLACE OF FATHER (State or country) *not known*

10 M. A. DEN NAME OF MOTHER *Martha Beech*

11 BIRTHPLACE OF MOTHER (State or country) *Greenup Co. Ky.*

12 IS THE ABOVE TRUE TO THE BEST OF YOUR KNOWLEDGE? (Informant) *Geo. Prailer*

(Address) *Saltlick Ky.*

13 FILED *5/19, 1916* *H. C. Alexander* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH *May 19, 1916*

15 I HEREBY CERTIFY, That I attended deceased from *5/15*, 1916, to *5/19*, 1916,

that I last saw him alive on *5/15*, 1916, and that death occurred on the date stated above at *2* m. The CAUSE OF DEATH was as follows

acute spinal meningitis

(Duration) *5* ds.

Contributory *None* (Duration) *None* ds.

(Signed) *H. C. Alexander* M. D.

5/19, 1916 (Address) *Saltlick Ky.*

16 Was the disease Communicable? or Is death from Venereal Disease? (Mark or Initials) Mark or Initials Whether Autopsy performed or (Initials)

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTES, YOUTH OR OTHER RESIDENCES) At place of death *Yes* *None* ds. State *Yes* *None* ds. Where was disease contracted, if not at place of death? Former or usual residence

18 PLACE OF BURIAL OR REMOVAL *James P. Ford* DATE OF BURIAL *5/20, 1916*

Miss J. Rogers Patton ADDRESS *Saltlick*

MARGIN RESERVED FOR MICRONS

WRITE PLAIN (WITH UNFADING INK) - THIS IS A PERMANT RECORD

Every item of information should be carefully supplied. All 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.