

WRITE PLAIN
 WITH UNFADING INK—THIS IS A PERM. NOT RECORDED
 Every item of information should be carefully checked. Add nothing but actual facts. 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.

1 PLACE OF DEATH
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Commonwealth of Kentucky
 STATE DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

21723

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 SINGLE MARRIED WIDOWED DIVORCED OR SEPARATED FROM THE MARRIAGE single

4 DATE OF BIRTH Aug 19, 1900
 (Month) (Day) (Year)

5 AGE 28 (In days, months or years)

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 country) Bath Co., Ky.

8 PARENTS
 (1) NAME OF FATHER Walter Wright
 (2) BIRTHPLACE OF FATHER (State or country) Ky.
 (3) MARRIAGE NAME OF MOTHER Rodie Myers
 (4) BIRTHPLACE OF MOTHER (State or country) Bath Co., Ky.

MEDICAL CERTIFICATE OF DEATH

9 DATE OF DEATH Sept 15, 1928
 (Month) (Day) (Year)

10 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1928 to Sept 14, 1928, that I last saw him/her alive on Sept 14, 1928, and that death occurred on the date stated above at 11:40 and the CAUSE OF DEATH was as follows:
Cholera

11 (Duration) 37 (In days, months or years)

12 Decedent's (Signature) C. J. Jones
 (Date) Sept 16, 1928 (Address) Salt Lick, Ky.

13 (Name of Physician, Coroner, Sheriff, or in Death from Violence, Attorney, (1) Name of Doctor, and (2) Number, Address, and Telephone of Hospital, if length of residence (for hospital, institution, Year, Month or Season) Residents)
 At place of death yes (In the State) no (In the County) no (In the City) no (In the Town) no (In the Village) no (In the Hamlet) no (In the Place) no

14 Where was disease contracted?
 If not of place of death?
 Farmer or usual residence

15 PLACE OF BURIAL OR REMOVAL Home 9 years (Date of Burial) 9-16, 1928
 Undertaker M. J. Wright (Address) Salt Lick

16 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informed) D. P. J. Jones
 (Address) Salt Lick, Ky.

17 Filed 9-16, 1928 by M. J. Wright
 Registrar