

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

File No. 31695

PLACE OF DEATH

County Bath

Vol. No. 5106

Registration District No. 12

Inc. Town

Primary Registrar No. P

City

No.

St.

Registered No.

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

FULL NAME

Joel Batcliff

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

4 DATE OF BIRTH age 558 (Month) (Day) (Year)

5 AGE 150 yrs. 2 mos. 27 ds. IF LESS than 1 day... 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 country) like co

8 NAME OF FATHER Joel Batcliff

9 BIRTHPLACE OF FATHER (State or country) Ky

10 MAIDEN NAME OF MOTHER Mary Smith

11 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Joel Batcliff (Address) Salt-Creek Ky

13 Filed 11-1-1918 J.C. Alexander Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 1 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 29, 1918, to Oct 29, 1918, that I last saw him alive on Oct 29, 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:

Influenza (Duration) yrs. mos. 19 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J.C. Alexander, M.D. 2011, 1918 (Address) Salt-Creek Ky

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

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

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

19 PLACE OF BURIAL OR REMOVAL Vassar Cemetery DATE OF BURIAL Nov 1, 1918

20 UNDERTAKER Mrs. J. W. Cunningham ADDRESS Salt-Creek

N. B.—Every item of information should be carefully supplied. ASE should be stated EXACTLY. PHYSICIAN 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.