8104

COMMONWEALTH OF KENTUCKY
State Board of Health
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County: Bath

Vol. No.: 4084 — Registration District No.: 27 — File No.: — Registered No.:

Primary Registration District No.:

City: — (No. — St. — Ward)

2. FULL NAME: William David Jones

PERSONAL AND STATISTICAL PARTICULARS	
3. Sex	Male
4. Color or Race	White
5. Single, Married, Widowed or Divorced	Single
6. Date of Birth	Feb. 3
7. Age	
8. Occupation (a) Trade, profession or particular kind of work	None
(b) General nature of industry, business or establishment in which employed (or employer)	
9. Birthplace (State or country)	Bath Co. Ky
10. Name of Father	Ray Jones
11. Birthplace of Father (State or country)	" "
12. Maiden Name of Mother	Ollie McGlothen
13. Birthplace of Mother (State or country)	Bath Co. Ky
14. The above is true to the best of my knowledge (Informant)	Dr. C. F. Jones
(Address)	Salt Lick, Ky
15. Filed	2-4, 1926, Mrs. S. C. Alexander, Registrar

MEDICAL CERTIFICATE OF DEATH	
16. Date of Death	Feb 3, 1926
17. I hereby certify, that I attended deceased from	Feb 3, 1926 to Feb 3, 1926
that I last saw h— alive on	Feb 3, 1926
and that death occurred on the date stated above at — m. The CAUSE OF DEATH was as follows:	Still Born
(Duration) — yrs. — mos. — ds.	
Contributory (Secondary)	
(Duration) — mos. — ds.	
(Signed)	Dr. C. F. Jones, M.D.
Date / (Address)	Feb 4, 1926 / Salt Lick, Ky
18. Length of Residence (For Hospitals, Institutions, Transients or Recent Residents)	
Where was disease contracted, if not at place of death? Former or usual residence	
19. Place of Burial or Removal	Jones Cemetery
Date of Burial	2-4, 1926
20. Undertaker / Address	Mrs. Jul. Vaughan, Salt Lick, Ky