

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3098

1 PLACE OF DEATH
County Bath
Vol. No. 4285 Registration District No. 59 File No. _____
Inc. Town _____ Primary Registration Dist. No. 1338 Registered No. _____
City Salt Lick Twp (In _____ Co.) _____ Word) _____
2 FULL NAME Forest Stone

PERSONAL AND STATISTICAL PARTICULARS

3 SEX My 4 COLOR OR RACE W 5 BUILD, COMPLEXION, HAIR, EYES, TENDENCIES (Print the word) Height suspect

6 DATE OF BIRTH 2 11 1921
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 6 ds. If LESS than 1 day _____ hrs. _____ min.

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

PARENTS
10 NAME OF FATHER Walter Stone
11 BIRTHPLACE OF FATHER (State or country) Livingville Ky
12 MAIDEN NAME OF MOTHER Anna Doss
13 BIRTHPLACE OF MOTHER (State or country) Memphr Co Ky

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH 2 17 1921
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from 2/14/21 to 2/17/21
that I had seen him alive on 2/16 1921
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:
Chronic Jaundice
T.B.

Contributory _____ (Specify) _____ yrs. _____ mos. _____ ds.
(Signed) H. S. Brantley
2/18 1921 (Address) Salt Lick Ky

16 I HAVE EXAMINED THE DEATH RECORD, OR IN DEATH FROM VIOLENT CAUSES, STATE (1) MANNER OF DEATH, and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Resort Residents)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

18 PLACE OF BURIAL OR REMOVAL Livingville Ky DATE OF BURIAL 2/18 1921
19 UNDERTAKER None ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Stone
(Address) Salt Lick Twp
Filed 2-18 1921 W. C. de Almon
Registrar

WRITE PLAINLY, WITH BRASSING INK—THIS IS A PERMANENT RECORD. If the mortality register. AGE should be given. PARTICULARS should state. DATE OF DEATH in 2 figures, so that it may be properly classified. See instructions on back of certificate.