

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22672

1 PLACE OF DEATH

County Baer

Vol. Pat Baer Sick

Inc. Town _____

City _____ (No. _____ St. _____ Ward)

Registration District No. 17

Primary Registration District No. 4085

File No. _____

Registered No. _____

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

2 FULL NAME Fred Allen Stone

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced Single
(Write the word)

6 DATE OF BIRTH October 9, 1911
(Month) (Day) (Year)

7 AGE 11 mos. 26 da.
If less than 1 yr. say _____ mos. _____ da.

8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) West Virginia

10 NAME OF FATHER Avery Stone

11 BIRTHPLACE OF FATHER (State or country) Rowan County, Ky

12 MAIDEN NAME OF MOTHER Mattie Igo

13 BIRTHPLACE OF MOTHER (State or country) Rowan County, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Avery Stone

(Address) Baer Sick, Ky

15 Filed 10-6-22 at H. H. Hyatt
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 5, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1922 to Oct 5, 1922 that I last saw him alive on Oct 2, 1922 and that death occurred on the date stated above at 22m
The CAUSE OF DEATH* was as follows:

Diphtheritis Laryngitis
(Duration) _____ yrs. _____ mos. 8 da.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ da.

(Signed) H. S. Gilmore, M. D.
Oct 7, 1922 (Address) Owingsville, Ky

*State the Disease Causing Death, or, if death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Treatments or Recent Residents)
at place _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.

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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Jones Cemetery Oct 7, 1922

20 UNDERTAKER Barnes + Harcum, Baer Sick, Ky
ADDRESS

Gilmore