

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

10795

1 PLACE OF DEATH

County Bath

File No. _____

Vol. PatRegistration District No. 4-2

Registered No. _____

Inc. Town Salt LickPrimary Registration District No. 4085-

City _____

(No. _____ Ward) _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Ralph Stone

St. _____ Ward _____

(a) Residence No. _____

(If local place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE W 3 Single Single
Married Single
Widowed Single
Or divorced Single
Carrying the wife4a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____5 DATE OF BIRTH 5 9 1934
(Month) (Day) (Year)6 AGE none none none
yrs. mos. ds. If less than 1
day _____ hrs. _____ min. _____ sec.7 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work none
(b) General nature of industry,
business or establishment in
which employed (or employer) _____8 BIRTHPLACE (city or town)
(State or country) Salt Lick

PARENTS

9 NAME OF FATHER Amory Stone10 BIRTHPLACE OF FATHER (city or town)
(State or country) Bath11 MARRIED NAME OF MOTHER Mattie L. S.12 BIRTHPLACE OF MOTHER (city or town)
(State or country) Rockwell13 (Informant) Amory Stone(Address) Salt Lick14 Filed 5-9 1934 Dr. J. C. Starnes
Registrar

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH 5 9 1934
(Month) (Day) (Year)14 I HEREBY CERTIFY That I attended deceased
from Salt Lick 19 34

that I last saw him alive on _____ 19 _____

and that death occurred on the date stated above at _____

The CAUSE OF DEATH was as follows:

Still birth at5 or 6 months

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) none

(Duration) _____ yrs. _____ mos. _____ ds.

15 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) Amory Stone5/9 1934 (Address) FatherState the Disease causing death, or, in death from Violent
Cause, state the Cause of death, and (d) whether
Artificial. (Initial space) Stillbirth16 PLACE OF BURIAL OR REMOVAL James CemeteryDATE OF BURIAL 5/9 193417 UNDERTAKER none

ADDRESS _____

WRITE PLAINLY, WITH INFORMATION. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.