

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

1 PLACE OF DEATH
County Bath
Vol. No. 5105
Loc. Town
City (No. _____) (St. _____) (Ward _____)

File No. 28573

Registered No. _____

2 FULL NAME Hazel Spurlock

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 BIRTH MARKS Impact
(Write the word)

6 DATE OF BIRTH March 1913
(Month) (Day) (Year)

7 AGE 1 yrs. 8 mos. 6 ds. 8 IF LESS THAN 1 DAY (In hrs. or min.)

9 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) Bath Co. Ky.

11 NAME OF FATHER Milton Spurlock

12 BIRTHPLACE OF FATHER (State or country) Rowan Co. Ky.

13 MAIDEN NAME OF MOTHER Lizzie Myers

14 BIRTHPLACE OF MOTHER (State or country) Bath Co. Ky.

15 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. G. Mansfield
(Address) South Park, Ky.

16 FILED 11-20 1913. S. C. Alexander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Nov 19, 1913
(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from Nov 18, 1913, to Nov 18, 1913, that I last saw h.c.d. alive on Nov 18, 1913, and that death occurred, on the date stated above, at 3h.

The CAUSE OF DEATH^a was as follows: Membranous Oup

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

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

(Signed) C. F. Jones M.D.
Nov 20, 1913 (Address) South Park, Ky.

13 FROM THE DISEASE CAUSING DEATH, OR ITS SEQUELAE FROM VOLUNTARY CAUSES, AND (1) SCALDS OF 1ST DEGREE; AND (2) WHATEVER ACCIDENTAL, OR UNUSUAL, OR UNUSUAL

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURISTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

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

14 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Nov 20, 1913

15 UNDERTAKER Wm. W. Stephens ADDRESS South Park, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every name of institution should be correctly spelled. AGE should be stated. OCCUPATION should be stated. BIRTHPLACE should be stated. If the name of the informant is not stated, the name of the informant should be stated. The informant should be stated. The informant should be stated.