Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 24649

Registered No. 87

1 PLACE OF DEATH

County Bath

Reg. Dist. No. 5-2

Vol. Pct. 2104

Primary Registration District No.

Ins. Town

City —

No. St. Ward

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

1 FULL NAME Vera Myers

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: female

3 COLOR OR RACE: white

4 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): single

5 DATE OF BIRTH: Oct 9, 1919 (Month) (Day) (Year)

6 AGE: yrs. mos. 11 ds. If LESS than 1 day hrs. or min.

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

8 BIRTHPLACE (State or country): Bath Co. Ky

PARENTS

9 NAME OF FATHER: Robert B Myers

10 BIRTHPLACE OF FATHER (State or country): Bath Co. Ky

11 MAIDEN NAME OF MOTHER: Effie Day

12 BIRTHPLACE OF MOTHER (State or country): Morgan Co Ky

13 I HEREBY CERTIFY, That the above is true to the best of my knowledge

Informant: C T Jones

Address: Salt Lick Ky

Filed Oct 24, 1919 S P Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH: Oct 20, 1919 (Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1919, to Oct 20, 1919, that I last saw her alive on Oct 20, 1919, and that death occurred on the date stated above at 8 p. m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

Duration: yrs. mos. 1 ds.

Contributory (Secondary): Spanish Influenza

Duration: yrs. mos. 3 ds.

(Signed) C T Jones M. D.

Oct 24, 1919 (Address) Salt Lick Ky

*State the Disease Causing Death, or in Deaths from Violence state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

If Deceased Died in a Hospital or Institution, Give Name and Length of Residence. (Write Words and Figures.)

At place of death: yrs. mos. ds. In the State: yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

16 PLACE OF BURIAL OR REMOVAL: Jones Z Yard

17 UNDERTAKER: Thos J Rogers

18 DATE OF BURIAL: Oct 20, 1919

ADDRESS: Salt Lick Ky

B. S.—Every item of information should be carefully supplied. Add should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in such terms, as that it may be properly coded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD