FORM V. S. 1908 5-29-12

1 PLACE OF DEATH

County Bath

Vot. Pct. 510 X

Inc. Town

City (No. St., Ward)

2 FULL NAME Jessie McCarty

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 3108

File No. 328

Registered No.

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

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

BE SURE NAMES ARE GIVEN IN FULL

If any item is unknown, it should be carefully supplied. ABSENCE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH 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 (Write the word): Single

6 DATE OF BIRTH: X (Month) X (Day) 1916 (Year)

7 AGE: ...yrs. ...mos. ...ds. IF LESS than 1 day ...hrs. or ...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: Jonson McCarty

11 BIRTHPLACE OF FATHER (State or country): Bath Co

12 MAIDEN NAME OF MOTHER: Fannie McClatherty

13 BIRTHPLACE OF MOTHER (State or country): Bath Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lon McCarty

(Address) Yale R.R.

15 Filed 1-1-, 1916 J C Alexander Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 1st (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1915, to 1-1-, 1916, that I last saw h[illegible] alive on 12-31, 1915, and that death occurred on the date stated above at ...m. The CAUSE OF DEATH* was as follows:

La Grippe

(Duration) ...yrs. ...mos. 7 ds.

Contributory (Secondary) Pneumonia

(Duration) ...yrs. ...mos. 27 days

(Signed) J C Alexander M. D.

1-1-, 1916 (Address) Yatterick Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
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

19 PLACE OF BURIAL OR REMOVAL: Jones Grave Yard

DATE OF BURIAL: 1-2-, 1916

20 UNDERTAKER: None

ADDRESS