

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

235

1 PLACE OF DEATH

County *Bath*

Vol. No. *5106*

Registration District No. *52*

Ino. Town

Primary Registration District No.

City

St., Ward

2 FULL NAME *John L. Collier*

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female* 1 COLOR OR RACE *White* 2 SINGLE, MARRIED, WIDOWED OR DIVORCED *Widow*
(Write the word)

3 DATE OF BIRTH
(Month) (Day) (Year)

7 AGE *about 25 yrs.* mos. ds. IF LESS than 1 day... hrs. or min.?

4 OCCUPATION
(a) Trade, profession, or particular kind of work *domestic inf.*
(b) General nature of industry business or establishment in which employed (or employer)

5 BIRTHPLACE (State or country) *Bath Co Ky*

10 NAME OF FATHER *Geo. Curry*

11 BIRTHPLACE OF FATHER (State or country) *Bath Co Ky*

12 MAIDEN NAME OF MOTHER *Mary Thompson*

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *James J. Goldy*
(Address) *Salt Lick Ky*

15 Filed *Jan 9, 1919* of *Mrs. St. Alexander*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 8, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 25, 1918*, to *Jan 8, 1919*, that I last saw him alive on *Jan 8, 1919*, and that death occurred on the date stated above at *m.* The CAUSE OF DEATH* was as follows:
cerebral pneumonia

(Duration) *5 yrs. 5 mos. 25 ds.*

Contributory *Impaling*
(Duration) *10 yrs. 10 mos. 10 ds.*

(Signed) *P. J. O'Connell M. D.*
Jan 9, 1919. (Address) *Salt Lick Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death *5 yrs. 5 mos. 25 ds.* In the State *10 yrs. 10 mos. 10 ds.*

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

19 PLACE OF BURIAL OR REMOVAL *Powers 9. yard* DATE OF BURIAL *Jan 9, 1919*

20 UNDERTAKER *Mrs. Geo. Vaughan* ADDRESS *Salt Lick*

MARGIN RESERVES FOR REVISIONS

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

N. B.—Every item of information should be carefully supplied. ASE 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.

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