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

122

1 PLACE OF DEATH
County Boyd
Reg. Dist. No. 2-2
Int. Town
Primary Registration District No. 1053-
City (No. St. Ward)

2 FULL NAME Russell Myers

(a) Residence. No. St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 If married, widowed, or divorced, HUSBAND of (or) WIFE of Julia L. Myers
6 DATE OF BIRTH: March 25 1899
7 AGE: 33 yrs. 9 mos. 16 ds.
8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business or establishment in which employed (or employer):
9 BIRTHPLACE (City or town) (State or country): Kentucky

PARENTS
10 NAME OF FATHER: Robert Myers
11 BIRTHPLACE OF FATHER (City or town) (State or country): Kentucky
12 MAIDEN NAME OF MOTHER: Effie Davis
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Kentucky

14 (Informant) Mrs. Russell Myers
(Address) Ball Fork, Ky.

15 Filed Jan 11 1933 W. H. Hayes Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 10, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1933 to Jan 10 1933
that I last saw him alive on Jan 10 1933
and that death occurred on the date stated above at 9 a.m.
The CAUSE OF DEATH* was as follows:
Influenza
Double Pneumonia
(Duration) yrs. mos. 7 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED?
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) H. L. Nickell, M. D.
Jan 11 1933 (Address) Morehead, Ky.

*State The Disease Causing Death, or, If Death Was Due To External Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional items.)

19 PLACE OF BURIAL OR REMOVAL: Mills Cemetery
DATE OF BURIAL: Jan 13, 1933
20 UNDERTAKER: Bowling & Horseman
ADDRESS: Ball Fork, Ky.

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

G. S.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact names of OCCUPATION is very important. See instructions on back of certificate.