

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

1 PLACE OF DEATH

County *Rowan*

Vot. Pot. *Summer #11*

Ino. Town *Summer*

City (No. St. Ward)

Registration District *#11*  
Primary Registration District No. *2504*

File No. *8*  
Registered No. *10*

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

2 FULL NAME *Elmer Harrold Black*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Boy* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *June 13, 1922*  
(Month) (Day) (Year)

7 AGE *1 yrs., 1 mos., 17 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Rowan Co.*

10 NAME OF FATHER *Sam Black*

11 BIRTHPLACE OF FATHER (State or country) *Rowan Co.*

12 MAIDEN NAME OF MOTHER *Joe Cassidy*

13 BIRTHPLACE OF MOTHER (State or country) *Rowan Co.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Sam Black*

(Address) *Summer #11*

15 Filed *Aug 2, 1923* Mrs J A Evans REGISTRAR

16 DATE OF DEATH *July 29, 1923*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 20, 1923*, to *July 24, 1923*, that I last saw him alive on *July 26, 1923*, and that death occurred on the date stated above at *8:20 am*. The CAUSE OF DEATH\* was as follows:

*Enteritis - Gastro-*  
(Duration) *1* yrs. *1* mos. *17* ds.

Contributory (SECONDARY) (Duration) *1* yrs. *1* mos. *17* ds.

(Signed) *W. H. Thomas*, M. D. *July 30, 1923* (Address) *Summer*

\*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 *1* yrs. *1* mos. *17* ds. In the State *1* yrs. *1* mos. *17* 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 *July 31, 1923*

20 UNDERTAKER *Wm. G. B. Bunch* ADDRESS *Salt Lake*