

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

PLACE OF DEATH
County Rowan
Vol. No. Farmers #2
Ins. Town Farmers
City (No. St. Ward)

File No. 11223
Registered No. 7
(If death occurred in a hospital or institution, give its name and hospital number.)

FULL NAME Frank J. Go

WRITE PLAIN WITH INK OR BLUE INK IN A PERMANENT INK. PHYSICIANS SHOULD STATE EXACT NATURE OF DISEASE 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

1 SEX Male 2 COLOR OR RACE White 3 MARRIED, WIDOWED, OR DIVORCED (Give the word) Single

4 DATE OF BIRTH unknown 1855
(Month) (Day) (Year)

7 AGE 56 (If LESS than 1 day... 2 hrs... min.)

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

9 BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER Tom J. Go
11 BIRTHPLACE OF FATHER (State or country) Unknown
12 MOTHER NAME OF MOTHER Cathy Montgomery
13 BIRTHPLACE OF MOTHER (State or country) North Carolina Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas J. Go
(Address) Farmers Ky

15 Date Apr 6, 1912 H. P. Myers REGION

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Apr 6, 1912
(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from 1912 to 1912, that I had seen him alive on 1912 and that death occurred, on the date stated above, at 1912.

The CAUSE OF DEATH* was as follows:
Abdominal Myocarditis

(Duration) 1 hr. 10 min.

Contributory (Specify) None

(Signature) J. Wilson Health Officer, N. D.
Apr 6, 1912 (Address) Morehead Ky

*MUST BE DESIGNATED AS DEATH BY INFECTION BY VIOLENT CAUSES, AND (1) NATURE OF INFECTION (2) WHETHER ACUTE OR CHRONIC, (3) HOSPITAL OR HOME.

13 LENGTH OF RESIDENCE (In household, institution, factory, or prison) (Residence)
At place of death 7 yrs 1 mo 26 days
Where was disease contracted, if not at place of death?
Father at usual residence

16 PLACE OF BURIAL OR REMOVAL James A. Libben DATE OF BURIAL Apr 7, 1912
ADDRESS Farmers Ky