Form V. S. 1—60m—6-4-34

1. PLACE OF DEATH

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

13244

File No.

County Bath

Vet. Pct. Salt Lick #2 Registration District No. 5-2

Registered No.

Inc. Town Primary Registration District No. 462

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

City (No. St., Ward)

2 FULL NAME Catherine Louise Staton

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE 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: Girl

4 COLOR OR RACE: White

5 Single / Married / Widowed / or Divorced (Write the word): —

6 DATE OF BIRTH: March 17 (Month) (Day) 1930 (Year)

7 AGE: yrs. 3 mos. 11 ds. IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country): Bath Co'

PARENTS

10 NAME OF FATHER: Will Staton

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Mary Colwell

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Staton

(Address) Salt Lick Ky

15 Filed 6-30, 1930 Mrs Ila McMyandy Registrar

11—3194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 29 (Day) 1930 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1930, to ....., 1930, that I last saw h..... alive on June 28, 1930, and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

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

Contributory (Secondary)

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

(Signed) D. Johnstone Williams M. D.

June 30, 1930 (Address) Frenchburg 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' Cem DATE OF BURIAL: 6-30, 1930

UNDERTAKER: T. Bailey ADDRESS: —