

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **6031**County HarrisonRegistered No. 143

Vol. Pat. _____

Registration District No. 410

Inc. Town _____

Primary Registration District No. 2145City Oversboro(No. Oversboro City Hospital Ward)

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

2 FULL NAME Charly Dixon Almon(a) Residence. No. Chaston 19 St., _____ Ward. _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white. 5 Single Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6 DATE OF BIRTH Nov 5 1901 (Month) (Day) (Year)7 AGE 61 yrs. 4 mos. 26 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Medical Doctor (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Hopkins County Ky. (State or country)

PARENTS

10 NAME OF FATHER Hugh D.11 BIRTHPLACE OF FATHER (city or town) Ky. (State or country)12 MAIDEN NAME OF MOTHER Calvin Davis13 BIRTHPLACE OF MOTHER (city or town) Ky. (State or country)14 (Informant) Mrs Charly D. Almon (Address) Chaston 1915 Filed Apr 2 30 1934 C. P. Kamm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 31 1934 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 26 1934 to Mar 31 1934 that I last saw him alive on Mar 31 1934and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH* was as follows:Septic Meningitis
BasalContributory (Secondary) Impacted teeth
Stomach ulcers
(Duration) _____ yrs. _____ mos. _____ ds.
(Duration) _____ yrs. 6 or 8 mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? yes Date of _____Was there an autopsy? not doneWhat test confirmed diagnosis? Clinical(Signed) J. H. Brown, M. D.
Apr 1, 1934 (Address) Oversboro Ky

*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Calhoun DATE OF BURIAL Apr 2 193420 UNDERTAKER Almon + Almon ADDRESS Oversboro Ky

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.