

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

1 PLACE OF DEATH

County of Muhlenberg

Vol. No. 13

Inc. Town Cleaton Ky

City Cleaton Ky

Registration District No. 2635

Primary Registration District No.

(No. St., Ward)

File No. 2506

Registered No. 3

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

2 FULL NAME Orval Boize

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the status) Single

6 DATE OF BIRTH March 15, 1916

7 AGE 1 yrs. 10 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER C. N. Boize

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Nancy M. Wallace

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. N. Boize

(Address) Cleaton Ky

15 Filed 1-25-1918 W. H. Holloway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24, 1918

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1918 to Jan 24, 1918 that I last saw him alive on Jan 24, 1918, and that death occurred on the date stated above at 50 am. The CAUSE OF DEATH* was as follows: Menengitis

(Duration) yrs. mos. 15 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) L. Roy Mullis, M. D. (Address) Cleaton Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCIENTS 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

18 PLACE OF BURIAL OR REMOVAL W. H. Holloway rd DATE OF BURIAL 1-26-18

20 UNDERTAKER J. H. Thomas ADDRESS Cleaton

REMARKS: ...

B. B. - Every item of information should be correctly completed. All should be checked EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. Instructions on back of certificate.