

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

25964

PLACE OF DEATH

County MartinVol. Pat. West Boggs

Inc. Town

City

71 7110
7133

File No. 47

Registered No.

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

FULL NAME May Rena Bard

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF BIRTH Dec 5, 1910
(Month) (Day) (Year)

AGE 1 yrs. 10 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Near Depoy
Martin County Ky

10 NAME OF FATHER J. B. Bard

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Rosa M. Cehlan

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Bard(Address) Depoy Ky15 Filed Oct 20, 1912 (2d Garthouse)

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1912, to Oct 19, 1912, that I last saw him alive on Oct 19, 1912, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Mummersian Camp(Duration) ... yrs. ... mos. 2 ds.

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

(Signed) L P Moore, M. D.
Oct 20, 1912 (Address) Summit 7 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, 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

19 PLACE OF BURIAL OR REMOVAL Mt. Zion DATE OF BURIAL Oct 20, 1912

20 UNDERTAKER Riley Tucker ADDRESS Depoy Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S.—Every item of information on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.