

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenburgCity WoodVol. Pat. No. North Central CityRegistration District No. 870File No. 5766

Loc. Town

Primary Registration Dist. No. 2485Registered No. 34City Central City

(No. _____ St. _____ Ward)

FULL NAME Alford Houser Berry

[If death occurred in a hospital or institution, give the block number of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>White</u>	Marital Status <u>Married</u> (Write the word)
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DATE OF BIRTH Nov. 19, 1946
(Month) (Day) (Year)AGE 5 yrs. 6 mos. 20 ds. 11 LESS than 1 day... hrs. or... min.?OCCUPATION
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Tennessee

PARENTS	10 NAME OF FATHER <u>Yasser Berry</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Don't know</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Berry
(Address) Central City15 James O. L. Blandford
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10th, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from 3:27 1912, to June 10th 1912, that I had seen him alive on June 9th 1912, and that death occurred, on the date stated above, of P.M.The CAUSE OF DEATH was as follows:
Malaria FeverContributory Chronic Dysentery
(Duration) 2 yrs. 6 mos. 15 ds.
J. P. Malpica
(Address) Central City Ky.State the DISEASE CAUSE DEATH, or, in deaths from VIOLENT CAUSE, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(3) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Boarding Residents)
At place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence 16 PLACE OF BURIAL OR REMOVAL Trueman St. Lynch DATE OF BURIAL May 11, 191217 UNDERTAKER Mathis Moore ADDRESS Central City

BE CAREFUL! WITH IMPROPER USE THIS IS A POISONOUS SUBSTANCE. ALL INFORMATION SHOULD BE OBTAINED FROM THE MANUFACTURER'S LITERATURE. PREPARATIONS SHOULD BE KEPT IN ORIGINAL CONTAINERS AND SHOULD BE KEPT IN PLACE UNTIL THEY ARE PROPERLY CLASSIFIED. EXACT CLASSIFICATION IS VERY IMPORTANT. See instructions on back of certificate.