

19731

Form V. S. 2-300a-4-10-10

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

1 PLACE OF DEATH
County Waldenburgh
City Marstons
Inc. Town
City Marstons (No. _____ St. _____ Ward _____)
Registration District No. 1095-6845
Primary Registration District No. 19
File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lester Bratcher

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Single
Married
Widowed
or Divorced
(Write the word)
6 DATE OF BIRTH May 3 1923
(Month) (Day) (Year)
7 AGE 10 yrs. 3 mos. 14 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) Ohio Co. Ky

10 NAME OF FATHER Geo Bratcher

11 BIRTHPLACE OF FATHER (State or country) Butler Co. Ky

12 MAIDEN NAME OF MOTHER Elizabeth Emkey

13 BIRTHPLACE OF MOTHER (State or country) Butler Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Bratcher
(Address) Marstons

15 Filed 8-17 1923 Don Napier
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 8-3-23, to 8-17-23, that I last saw him alive on 8-16-23, and that death occurred on the date stated above at 9 P.M.

The CAUSE OF DEATH* was as follows:

Thyphoid Fever

(Duration) _____ yrs. _____ mos. 14 ds.

Contributory (Secondary) _____

(Signed) Geo L. Emkey (Duration) _____ yrs. _____ mos. _____ ds.

8-17-1923 (Address) Butler Co. 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 _____ 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 Schools Ky DATE OF BURIAL Aug 18 1923

20 UNDERTAKER Alvin Chinn ADDRESS Marstons

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

MARGIN RESERVED FOR INDEXING