

16571

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

1 PLACE OF DEATH
County Martin
Vol. 10 Fol. 10 Registration District 10956843
Inc. Town..... Primary Registration District No. 111
City..... (No.....St.,.....Ward)

File No.....
Registered No.....

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

2 FULL NAME W. C. Crum

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 26, 1857
(Month) (Day) (Year)

7 AGE 68 yrs. 9 mos. 15 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Christian Co

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Do

12 MAIDEN NAME OF MOTHER Do

13 BIRTHPLACE OF MOTHER (State or country) Do

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Brown
(Address) Hellside Ky

15 Filed 7/11, 1922 Chicklips
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 1922, to July 10, 1922 that I last saw him alive on July 10, 1922 and that death occurred on the date stated above at 12:15 m. The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 1 yrs. 1 mos. 1 ds.

Contributory (SECONDARY) Influenza

(Duration) 1 yrs. 1 mos. 1 ds.

(Signed) B. L. Hester, M. D.
July 11, 1922 (Address) Cremwell

*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 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 Hebo 2nd Yard DATE OF BURIAL 7/11, 1922

20 UNDERTAKER Oren L. Roark ADDRESS Cremwell Ky

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.