

## 1 PLACE OF DEATH

County Mulberry Co.Vot. Pct. 7Inc. Town Graham Ky.

City

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 10Primary Registration District No. 6554

(No.

St.,

File No. ....

Registered No. ....

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

2 FULL NAME John F Day

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Married6 DATE OF BIRTH Jan 10 1857  
(Month) (Day) (Year)7 AGE 70 yrs. 3 mos. 28 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work. Retired  
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) N.C.PARENTS  
10 NAME OF FATHER Sam Day  
11 BIRTHPLACE OF FATHER (State or country) N.C.  
12 MAIDEN NAME OF MOTHER Amelia Philpott  
13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Day(Address) Graham Ky.15 Filed 5/8, 1927 C. B. Wickliffe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 8, 1927  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from May 7, 1927, to May 8, 1927, and that I last saw him alive on May 8, 1927, and that death occurred on the date stated above at 2 P. m.The CAUSE OF DEATH\* was as follows:  
Cranial Interstitial Nephritis

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

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

(Sign) J. F. Edge, M. D.  
#8724, 1927 (Address) Graham Ky.  
\*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 DATE OF BURIAL

Clay Ky 5-9, 1927  
20 UNDERTAKER ADDRESS  
M. B. McDonald Drewville Ky

1093

11732