

81646

Form V. S. 1-22-148

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Pat. Court HouseRegistration District No. 1099

Inc. Town

Primary Registration District No. 1283City Cremville

(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 James Demors

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE col. 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH _____ 1923
(Month) (Day) (Year)7 AGE 46 yrs. _____ mos. _____ ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer) Publ. Porter9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER James Demors11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) unknown14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mary Demors
(Address) Nashville Tenn.15 Filed Jan 3 1927 W. H. Wickoff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
From Dec 20, 1923, to Dec 27, 1923,
that I last saw him alive on Dec 27, 1923,
and that death occurred on the date stated above at 9 m.

The CAUSE OF DEATH* was as follows:

9. B.
(Duration) _____ yrs. 3 mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) E. J. ... M. D.
12/28/1923 (Address) Cremville

*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 Reynold-Grave DATE OF BURIAL Dec 30 192320 UNDERTAKER James C. Gough ADDRESS Central City Ky

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

11. B.—Every item of information 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. Statement of OCCUPATION is very important. See instructions on back of certificate.