

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

28685

File No. ....

Registered No. ....

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

## 1 PLACE OF DEATH

County MadisonVot. Pct. 16 Registration District No. 6843Inc. Town ..... Primary Registration District No. 16

City ..... (No. .... St., ..... Ward)

2 FULL NAME Jas Estel Harrison

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH May 30, 1919  
(Month) (Day) (Year)

7 AGE 2 yrs. 7 mos. 13 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) .....

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER John Harrison

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Sada Phourley

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bergene Spink(Address) Marion Ky

15 Filed ..... 192 Esu Tottle Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12-16-1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12-16-1924, 1924, to 12-16-1924, 1924, that I last saw him alive on 12-16-1924, 1924, and that death occurred on the date stated above at 12:00 P.M.  
The CAUSE OF DEATH\* was as follows:

Plethora Poisoning  
(Duration) ..... yrs. .... mos. 7 ds.

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

(Signed) W. B. ... M. D.  
15-17-1924 (Address) Centerville 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  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,

If not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Colemans Cemetery DATE OF BURIAL Dec 17, 1924

20 UNDERTAKER More Undertaking Central City Ky ADDRESS .....

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

N. B.—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. E. statement of OCCUPATION is very important. See instructions on back of certificate.