

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

1 PLACE OF DEATH

County MuhlenbergVol. No. Nelson Ky

Ino. Town

City

Registration District No. 7134Primary Registration District No. 19

(No.) St. Ward)

2 FULL NAME Erasmus DuncanFile No. 2493Registered No. 2493

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)6 DATE OF BIRTH Sept 4th, 1916
(Month) (Day) (Year)7 AGE 10 yrs. mos. 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) Muhlenberg Co.10 NAME OF FATHER Geo. Duncan11 BIRTHPLACE OF FATHER (State or country) Groveson Co.12 MAIDEN NAME OF MOTHER Lillie Smith13 BIRTHPLACE OF MOTHER (State or country) Ohio Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Obden Smith
(Address) Nelson Ky.15 Filed Sept 5, 1916 A. J. Maple REGISTRAR
By J. B. Weaver

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 4th, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1916, to Sept 8th, 1916, that I last saw him alive on Sept 3rd, 1916, and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH* was as follows:D. H. except Rem. at 9 mos, and very poorly nourished at birth

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

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

(Signed) Chas W. Feltz, M. D. Sept 5, 1916. (Address) Nelson Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, the (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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 Nelson Creek Church DATE OF BURIAL Sept 5, 191620 UNDERTAKER Lum Williams ADDRESS Rockport Ky.

MAKING RESERVED FOR ISSUES

WRITE PLAINLY WITH SPREADING INK--THIS IS A PREEN-PRINT FORM

B. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.