

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

PLACE OF DEATH
County Mulhearn
Vol. Fol. 156 Leaton
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. 31826
Registered No. 77

[If death occurred in a hospital or institution, give its name, location, and street and number.]

FULL NAME Stillborn Child

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

DATE OF BIRTH Dec. 1, 1912
(Month) (Day) (Year)

AGE Premature labor If LESS than 1 day... hrs. or... min.? _____

OCCUPATION Seventh ma
(a) Trade, profession, or particular kind of work... None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (state or country) Colored Leaton Ky

PARENTS
10 NAME OF FATHER Frank Duncan
11 BIRTHPLACE OF FATHER (State or country) Devier, Ky.
12 MAIDEN NAME OF MOTHER Francis Saight
13 BIRTHPLACE OF MOTHER (State or country) Greenville, Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Francis Duncan
(Address) Leaton Ky.

15 Dec 1 - 1912 W H Wilson
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Stillborn Dec 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1912, to Dec 1 - 1912, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Over-expansion of mother during pregnancy
(Duration) yrs. mos. ds. _____

Contributory (Secondary) _____ (Duration) yrs. mos. ds. _____
(Signed) W. H. Wilson M. D.
Dec 1 - 1912 (Address) Leaton Ky

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
(10) LENGTH OF RESIDENCE (For Hospitals, Institutions, Trains, etc. or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence _____

16 PLACE OF BURIAL OR REMOVAL Leaton DATE OF BURIAL Dec 1 - 1912

17 UNDERTAKER W H Wilson ADDRESS Leaton Ky

U. S. - Every item of information on this form should be carefully supplied. All should be stated in FULL. 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.