

32807

FORM V. S. (REV. 10-10-10)

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Christian
Vol. Pat. East Crofton 25
Ino. Town Crofton 14
City _____ (No. _____ St., _____ Ward)

239
5540

File No. 34

Registered No. 238

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

0541

FULL NAME Edward H Duvall

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

DELAY

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

DATE OF DEATH June 3, 1911
(Month) (Day) (Year)

DATE OF BIRTH Jan 24, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 2, 1911, to June 2, 1911, that I last saw him alive on June 2, 1911, and that death occurred, on the date stated above, at 10 P.M.

AGE 1 yrs. 4 mos. 8 ds. IF LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Tuberculosis of Brain

OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)

(Duration) 3 mos. ds.

BIRTHPLACE (State or country) Crofton 14

Contributory (SECONDARY) (Duration) 3 mos. ds.

10 NAME OF FATHER Lery Duvall

(Signed) [Signature], M. D. 6/4, 1911 (Address) Crofton Ky

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Beatress Fisher

13 BIRTHPLACE OF MOTHER (State or country) Christian Co 14

*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 of death 3 mos. ds. In the State 3 mos. ds. Where was disease contracted, If not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. W. Frazier (Address) Crofton 14

19 PLACE OF BURIAL OR REMOVAL Footers graveyard DATE OF BURIAL 6/4, 1911

15 Filed 6/4, 1911 John H Myers REGISTRAR

20 UNDERTAKER W E Keith & Co ADDRESS Crofton 14

Overlooked in gene report

NOTE: Every item of information should be carefully verified. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. Get instructions on back of certificate.