

19975

Form V. S. 1-50m-3-23-27

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

File No. _____

Registered No. 24

PLACE OF DEATH

County MuhlenbergVet. Pct. # 41Registration District No. 1088Inc. Town Browder, Ky Primary Registration District No. 6849City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Alfred Elmore

(a) Residence. No. _____ St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>—</u> Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of Husband
(or) WIFE of _____6 DATE OF BIRTH June 3 1875
(Month) (Day) (Year)7 AGE 57 yrs. 2 mos. 6 ds.
IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED Night Watchman
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town) Hartford
(State or country) Tenn.

PARENTS

10 NAME OF FATHER Thomas Elmore11 BIRTHPLACE OF FATHER (city or town) Tenn.
(State or country)

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)14 (Informant) Jess Elmore
(Address) Browder, Ky15 Filed Aug 26, 1932 J. R. Kimmel
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 9 1932
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Aug 9, 1932 to Aug 9, 1932that I last saw him alive on Aug 9, 1932
and that death occurred on the date stated above at 7:30 p.m.The CAUSE OF DEATH* was as follows:
Acute myocarditis

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

Contributory Dysentery
(Secondary)

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

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? ✓Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Lee J. Fecteau, M. D.Aug 26, 1932 (Address) Deakesboro, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Beaver Dam, Ky DATE OF BURIAL Aug 10, 193220 UNDERTAKER J. R. Kimmel ADDRESS Deakesboro, Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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.