

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. Hallside

Ino. Town

City

Registration District No. 7136

Primary Registration District No.

(No. St., Ward)

File No. 26820

Registered No.

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

2 FULL NAME May Marie Hafley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED Infant
(Write the word)

6 DATE OF BIRTH Oct 11 1914
(Month) (Day) (Year)

7 AGE 2 mos. 6 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) McLain Co

10 NAME OF FATHER John Hafley

11 BIRTHPLACE OF FATHER (State or country) McLain Co

12 MAIDEN NAME OF MOTHER Lady Moore

13 BIRTHPLACE OF MOTHER (State or country) Butter Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lady Hafley
By Mrs Fred Feather
(Address) Mercer Ky

15 Filed Oct 12 1914 Mrs Fred Feather
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 17 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191...., to 191...., that I last saw h..... alive on 191...., and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

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

(Signed) M. D. 191... (Address)

*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 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 Mercer Ky DATE OF BURIAL Oct 18 1914

20 UNDERTAKER James L. Gonyea ADDRESS Greenville Ky

WRITE PLAINLY WITH SEPARATE INK--THIS IS A PERMANENT RECORD
M. D.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.