

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

7655

1 PLACE OF DEATH

County Mrs. HendersonVet. Post Reared N.Y.Inc. Town Hot Springs

City _____

Registration District No. 2867Primary Registration District No. 1090

St. _____ Ward _____

File No. _____

Registered No. _____

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

2 FULL NAME G. W. Hardison

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single widowed
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH January 22, 1925
(Month) (Day) (Year)

7 AGE 87 yrs. 1 mos. 14 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Ligon Co. Ky.

10 NAME OF FATHER John Hardison

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary Melburn

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. M. Hardison
(Address) Hot Springs

15 Filed 3/9, 1925 Hallie Bowley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 9 1925
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from 3/4/1925 to 3/4/1925 that I last saw him alive on 3/4/1925 and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
acute tubercular meningitis
(Duration) _____ yrs. _____ mos. 4 ds.

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

(Signed) J. H. West, M. D.
9/4/1925 (Address) Bowling Green

*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 _____ yrs. _____ mos. _____ ds. In the
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____

If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Union Ridge DATE OF BURIAL March 9, 1925

20 UNDERTAKER E. J. Hargraves ADDRESS Leinsburg

MAILED RECEIVED FOR RETURN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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. E. B.—Statement of OCCUPATION is very important. See instructions on back of certificate.