

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

1 PLACE OF DEATH
County Muhlenberg
City Emery
In. Town
No. 1127
Primary Registration District No. 2

File No. 2201
Registered No. 2

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

2 FULL NAME Timothy M Hardison

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4 1 1892
(Month) (Day) (Year)

7 AGE 28 yrs. 9 mos. 9 ds. IF LESS than 1 day or min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Timmons Hardison

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Selie Sumner

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tim Hardison
(Address) Emery Ky

Filed Feb 8, 1922 G. I. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 10 1922
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from Jan 9, 1922, to Jan 10, 1922, that I last saw him alive on Jan 10, 1922, and that death occurred on the date stated above at 6:15 P.M.

The CAUSE OF DEATH* was as follows:
Accidental death, shock following accident -
(Duration) 24 hours

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

(Signed) H. D. Newman, M. D.
Jan 10, 1922 (Address) Drakesboro Ky
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 State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____

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

19 PLACE OF BURIAL OR REMOVAL Allens Chapel DATE OF BURIAL 1-11-22

20 UNDERTAKER H. J. Hood ADDRESS Drakesboro

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. G. statement of OCCUPATION is very important. See instructions on back of certificate.