

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

PLACE OF DEATH
County Martin

Vol. No. M 2 7152 Registration District No. 2 7122

Inc. Town..... Primary Registration District No. 2

City..... (No..... St.,..... Ward)

FULL NAME..... Thomas Larner Harper

File No. 1001

Registered No. 19

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF BIRTH December 20, 1913
(Month) (Day) (Year)

AGE yrs. 11 mos. 1 d. ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Mahoning 14

PARENTS
10 NAME OF FATHER Joe Harper
11 BIRTHPLACE OF FATHER (State or country) near Bremen 14
12 MAIDEN NAME OF MOTHER Aminia Larr Ford
13 BIRTHPLACE OF MOTHER (State or country) Mahoning 14

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. S. Bruce
(Address) Bremen

15 Filed Mar. 14, 1914 M. C. Grundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 16, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1914, to 16, 1914, that I last saw him alive on 15, 1914,

and that death occurred on the date stated above at 2 P. m. The CAUSE OF DEATH* was as follows:

Summertime Cholelithy
(Duration) yrs. mos. ds.

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

(Signed) J. C. Bruce, M. D.
Mar. 16, 1914 (Address) Bremen 14

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES give (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..... 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 Fisk Cemetery DATE OF BURIAL Mar. 17, 1914

20 UNDERTAKER J. Traker ADDRESS Bremen 14

WRITE PLAIN, WITH UNFADING INK--THIS IS A PERM. TEST BOOKS
E. S.--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.