

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

PLACE OF DEATH
County Muhlenberg
Vol. No. 11-5
Inc. Town
City Marklebas Hqs. (No.)
St. Ward

872
7123

File No. 1914
Registered No. 31

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

FULL NAME J. D. Harris

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Jan. 20, 1912</u> (Month) (Day) (Year)		
7 AGE <u>2</u> yrs. <u>6</u> mos. <u>22</u> ds.		8 IF LESS than 1 day... hrs. or... min. ?
9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).		
10 BIRTHPLACE (State or country) <u>Muhlenberg Co</u>		
PARENTS	10 NAME OF FATHER <u>Ed Harris</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co</u>	
	12 M AIDEN NAME OF MOTHER <u>Margaret Handgath</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH
July 22, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1914, to July 22, 1914, that I last saw him alive on July 22, 1914, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Pneumococcal pneumonia following measles

(Duration) ... yrs. 1 mos. 15 ds.

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

(Signed) J. D. Wendell M.D. M. D.
1914 (Address) Princeton Ky

*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENCE)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
In the
Where was disease contracted,
If not at place of death?
Former or
usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed Harris
(Address) Princeton Ky

16 PLACE OF BURIAL OR REMOVAL
City of Princeton

DATE OF BURIAL
July 22, 1914

18 UNDERTAKER
W. G. Bridger & Co

WRITE PLAINLY, WITH UNFADING INK—USE A PENCIL INK
 B. B.—Every item of information should be carefully checked. AGE should be stated in full. FATHERS should state whether the DEATH is plain burial, one that it may be properly classified. Enumerate all OCCUPATIONS in very important. See instructions on back of form-10.