

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

File No. **286-5**

Registered No.

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. W. Rogers
Inc. Town.....
City.....

Registration District No. 1093
Primary Registration District No. 6833

(No. St., Ward)

2 FULL NAME J. S. Hayes

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1. (Year)
(Month) (Day)

7 AGE 62 yrs. mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Thad Hayes

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Scott Stovall(Address) Graham Ky

15 Filed 11/27 1924 W. C. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 26 1924
DELAY
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1924, to Nov 26, 1924, that I last saw him alive on Nov 10, 1924, and that death occurred on the date stated above at 7 A.M.
The CAUSE OF DEATH* was as follows:

Acquired Aortic
(Duration) yrs. mos. 18 ds.

Contributory (Secondary)

(Signed) R. G. Gargate, M. D.
Nov 26, 1924. (Address) Deport 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 DATE OF BURIAL

Georgina Chapel Nov 27, 1924UNDERTAKER M. B. McDonald ADDRESS Greenhill

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

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. B. & statement of OCCUPATION is very important. See instructions on back of certificate.