

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

1 PLACE OF DEATH

County Muhlenberg Co.Vet. Post 101

Ino. Town

City

Registration District No. 7136

Primary Registration District No.

(No. Sts. Ward)

File No. 101

Registered No.

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

FULL NAME Malbur Hayes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Boy</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Sept. 11, 1917</u> (Month) (Day) (Year)		
7 AGE <u>1</u> yrs. <u>23</u> mos. <u>23</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co Ky</u>		
PARENTS	10 NAME OF FATHER <u>James Hayes</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	
	12 MAIDEN NAME OF MOTHER <u>Rodie Ann Hinesy</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Hayes(Address) Muhlenberg15 Filed 1917

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>Nov. 3, 1917</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 21, 1917</u> , to <u>Nov 3, 1917</u> , that I last saw him alive on <u>Oct 21, 1917</u> , and that death occurred on the date stated above at <u>7:30</u> am. The CAUSE OF DEATH was as follows: <u>Pneumonia, Bronch and General Anemia</u> (Duration) <u>1</u> yrs. <u>23</u> ds.
Contributory (SECONDARY) (Duration) <u>1</u> yrs. <u>23</u> ds.
(Signed) <u>Harry J. Deady</u> , M. D. <u>Nov 3, 1917</u> (Address) <u>Centerville Ky</u>

*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 of death 1 yrs. 23 mos. 23 ds. In the State 1 yrs. 23 mos. 23 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

WRITE PLAINLY. INK 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.