

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

18173
2

1 PLACE OF DEATH
County Muhlenberg
Vot. Prec. North Boone
Loc. Town Deport
City _____ (No. _____ St.; _____ Ward)
2 FULL NAME May Hays

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
6 DATE OF BIRTH <u>July</u> <u>5</u> , 19 <u>12</u> (Month) (Day) (Year)		
7 AGE <u>Infant</u> yrs. _____ mos. _____ 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>Clyde Hays</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co., Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Grace A. Dick</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Hopkins Co., Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clyde Hays
(Address) Deport, Ky

15 Filed 7/5, 1912 Thos A Gard House
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 5, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
July 5, 1912, to July 5, 1912,
that I last saw him _____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Still born
STILL BIRTH
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) H. J. Olaton, M. D.
July 5, 1912, (Address) Greenville, 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 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
Unity
20 UNDERTAKER
Shannon Mercier

DATE OF BURIAL
July 6, 1912
ADDRESS
Deport, Ky

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.

WRITE PLAINLY, WITH CAPSULES HERE—THIS IS A PERMANENT RECORD