

Form V. S. 1-25m-5-22
 COMMONWEALTH OF KENTUCKY
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

County: Mitchell
 Vol. Pct. Book Creek Registration District No. 1893
 Inc. Town _____ Primary Registration District No. 6897
 City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Ervin C. Huston

File No. 23
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

1 SEX Male COLOR OR RACE w 2 DATE OF DEATH Oct 5 1927
 3 DATE OF BIRTH Sept 18 1903 4 I HEREBY CERTIFY THAT I attended deceased _____
 5 AGE 24 6 I am a _____
 7 CAUSE OF DEATH* was as follows: Influenza

8 OCCUPATION (a) Trade, profession or particular kind of work Coal mine
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) Logan Co, Ky

10 NAME OF FATHER Henry Huston (Duration) yrs. mos. 21 ds.
 11 BIRTHPLACE OF FATHER (State or country) Todd Co, Ky (Duration) yrs. mos. 14 ds.
 12 MOTHER'S NAME OF MOTHER Magella Crafton (Signed) W. R. Richardson M. D.
 13 BIRTHPLACE OF MOTHER (State or country) Logan Co, Ky Oct 8 1927 (Address) Book Creek, Ky
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) V. Hinters
 (Address) Book Creek, Ky
 15 Filed 11-1 1927 Victor Johnson Registrar
 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Parst Grove 10-9-27
 17 UNDERTAKER ADDRESS L. H. Stuart Book Creek

MACHINE REPRODUCED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

24/18