

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

2184

1 PLACE OF DEATH
County Muhlenberg
Vet. Post. 48
Inc. Town Perry
City (No. St. Ward)

Registration District No. D 125
Primary Registration District No.

File No.
Registered No.

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

3 FULL NAME Zillman Hunt

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced <u>married</u> (Write the word)
6 DATE OF BIRTH <u>May 24 1863</u> (Month) (Day) (Year)		
7 AGEyrs.....mos.....ds.		IF LESS than 1 dayhrs. ormin?
8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... <u>farmer.</u>		

9 BIRTHPLACE (State or country)
Muhlenberg Co.

PARENTS	10 NAME OF FATHER <u>Daniel Hunt</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co.</u>
	12 MAIDEN NAME OF MOTHER <u>Mary Hood</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W D Hunt
(Address) Gess - Ky

15 Filed 1/19 1922 Hollie Bewley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 8 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from about Nov 1, 1921, to Jan 7, 1922, that I last saw him alive on Jan 2, 1922, and that death occurred on the date stated above at 2.30 p.m.

The CAUSE OF DEATH* was as follows:
Sarcoma of stomach

Contributory (Secondary) Heart - Valve
(Duration)yrs.....mos.....ds.
(Signed) E. M. Hawley M. D.
1/8 1922 (Address) Perry Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place In the State
of deathyrs.....mos.....ds. Stateyrs.....mos.....ds.
Where was disease contracted,
if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Hebron DATE OF BURIAL Jan 9 1922
20 UNDERTAKER Dallas Pactor - Sumner Ky ADDRESS

WRITE PLAINLY, WITH 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.