

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

9083

PLACE OF DEATH
County Muhlenberg
Vol. No. 13
Inc. Town Helietta
City (No. St., Ward)

Registration District No. 2131
Primary Registration District No.

File No.
Registered No. 107

(If death occurred in a hospital, give its name, number of street and number.)

FULL NAME Gas B. Hunt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

DATE OF BIRTH April 3, 1860
(Month) (Day) (Year)

AGE 56 yrs. 11 mos. 27 ds. IF LESS than 1 day... hrs. or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work. miner
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER J. B. Hunt
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Leola Ann
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Hunt
(Address)

15 Filed 4-11-1917 Helietta
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1917 to March 31, 1917, that I last saw him alive on March 27, 1917, and that death occurred on the date stated above at 9:30 p.m. THE CAUSE OF DEATH* was as follows:

Chronic Hepatitis
(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) C. D. Johnston, M. D.
3/31/17 (Address) Helietta, Ky

*State the DISEASE CAUSE DEATH, or, in deaths from VIOLENCE? CAUSE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURS OR RECENT RESIDENTS) In the At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Helietta Ky DATE OF BURIAL 4-1-1917
UNDERTAKER J. H. Thomas ADDRESS Helietta

THIS STATE WITH SEVERAL OTHERS IS A PARTY TO THE INTERNATIONAL AGREEMENT FOR THE REGISTRATION OF DEATHS AND BIRTHS. THE REGISTRATION OF DEATHS AND BIRTHS IS A NECESSARY CONDITION TO VARIOUS IMPORTANT SOCIAL FUNCTIONS IN THIS COUNTRY.