

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

PLACE OF DEATH

County MuhlenbergVol. 9 Fol. 10

Inc. Town

City Ballou (No. 1)

PERSONAL AND STATISTICAL PARTICULARS

 SEX Male COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Baby

 DATE OF BIRTH Feb. 6, 1918
 (Month) (Day) (Year)

 AGE 9 yrs. 2 mos. 2 ds. If LESS than 1 day or less than 1 min.

 OCCUPATION (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
BIRTHPLACE (State or country) West Ky10 NAME OF FATHER Man Johnson

PARENTS

11 BIRTHPLACE OF FATHER (State or country) West Ky Muhlenberg12 MAIDEN NAME OF MOTHER Ollie C. Wright13 BIRTHPLACE OF MOTHER (State or country) Davis County, W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

File No. 11046Registered No. 7128

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

MEDICAL CERTIFICATE OF DEATH

 10 DATE OF DEATH April 17, 1918
 (Month) (Day) (Year)

 11 I HEREBY CERTIFY, That I attended deceased from Birth to 1918

 Died before 1918, to 1918
 that I last saw him alive on Sept 12, 1918
 and that death occurred, on the date stated above, at 12 m.

 The CAUSE OF DEATH* was as follows:
I never saw baby as it died before arrived to see it but its Grandmother said it had a fever & wrote out after death was out of form
 (Duration) 3 mos. 5 ds.

 Contributory Diarrhea
 (SECONDARY) (Duration) 1 yr. 2 mos. 2 ds.

 (Signed) A. B. Walden, D. M.
4/17, 1918 (Address) West Ky

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

 At place of death 1 yrs. 2 mos. 2 ds. State 1 yrs. 2 mos. 2 ds.

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

Former or usual residence

 19 PLACE OF BURIAL OR REMOVAL Ballou DATE OF BURIAL 4/17 1918

 20 UNDERTAKER Dallas Reed ADDRESS Dummar Ky

 Filed April 18, 1918 Harrie B. Bess REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. B. Every item of information should be carefully checked. All should be checked. I.V.L. Physicians should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.