

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Mitchell
City Grass (No. _____) Ward _____

Registration District No. 7140

File No. 20754

Primary Registration Dist. No. _____

Registered No. 7140

FULL NAME Ernest Jones

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
DATE OF BIRTH 6 29 1912 (Month) (Day) (Year)
AGE 1 mo. 11 ds. If LESS than 1 day... hrs. or... min.?

DATE OF DEATH 8 9 1912 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from 7/24/1912 to 8/9/1912 that I last saw him alive on 8/6/1912 and that death occurred, on the date stated above, at 8:15 a.m.
The CAUSE OF DEATH was as follows:
Insanitation due to lack of nourishment
(Duration) yrs. 1 mo. 11 ds.

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

Contributory (accident) _____ (Duration) yrs. _____ mo. _____ ds.
(Signed) T. J. Stator M. D. 8/10/1912 (Address) Greenville, Ky

BIRTHPLACE (State or country) Ky

PARENTS
19 NAME OF FATHER John Slaughter Jones
11 BIRTHPLACE OF FATHER (State or country) Ky
13 MAIDEN NAME OF MOTHER Emma Lewis
15 BIRTHPLACE OF MOTHER (State or country) Tenn

*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. _____ mo. _____ ds. In the State _____ yrs. _____ mo. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. S. Jones
(Address) Grass, Ky

19 PLACE OF BURIAL OR REMOVAL East Union DATE OF BURIAL Aug 14 1912
20 UNDERTAKER Rice, Tucker & Co ADDRESS Lebanon Ky

Filed 8/10, 1912, Wm A Gardner REGISTRAR

BE CAREFUL! Every item of information should be carefully checked. All the details should be checked. If any item is found to be incorrect, the certificate should be corrected before it is filed. Do not file a certificate which is incorrect.