

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

2904

PLACE OF DEATH  
County *Franklin*  
Vol. No. *Rosewood U. Ky.* Registration District No. ....  
Inc. Town *Country* Primary Registration District No. ....  
City (No. **P**) St., Ward  
FULL NAME *Frederic Latham*

File No. ....

Registered No. *3*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*  
(Write the word)

DATE OF BIRTH *Nov. 24, 1887*  
(Month) (Day) (Year)

AGE *23* yrs. *11* mos. *25* ds. IF LESS than 1 day... hrs. or. min.?

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

BIRTHPLACE (State or country) *Tell Co Ky*

NAME OF FATHER *J J Gathman*

BIRTHPLACE OF FATHER (State or country) *Tell Co Ky*

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) *Tell Co Ky*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Medicine Cabinet*  
(Address) *.....*

Filed *Jan 25, 1911* *Country* Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Jan 19, 1911*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *did not*, (Date), to *See Home*, (Date), that I last saw him *alive* on *.....*, 19*11*, and that death occurred on the date stated above at *2 P.M.* The CAUSE OF DEATH\* was as follows:

*Heart failure. I suppose he dropped dead. he had had heart trouble for several years.* (Duration) *2* yrs. .... mos. .... ds.

Contributory *Rheumatism* (Secondary) (Duration) *2* yrs. .... mos. .... ds.

(Signed) *J. H. Smith*, M. D. *Jan 19, 1911* (Address) *Greenfield Ky.*

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

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

At place of death *.....* yrs. .... mos. .... ds. In the State *.....* yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? *.....*

Former or usual residence *.....*

PLACE OF BURIAL OR REMOVAL *Greenfield* DATE OF BURIAL *1/21, 1911*

UNDERTAKER *D. Reclar* ADDRESS *.....*

NEAREST RELATIVES FOR SERVICE

WRITE PLAINLY, WITH CAREFUL NEATNESS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. FURNITURE should state DEATH OF DEATH in plain terms, so that it may be properly checked. Exact statement of OCCUPATION is very important. See instructions on back of certificate.