

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

32700

1 PLACE OF DEATH
County Mollenberg
Vol. No. Graham
Inc. Town
City (No.) St. Ward

Registration District No. 7140
Primary Registration District No.

File No.
Registered No. 82

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

2 FULL NAME Leticia Isabel Latham

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Nov 3, 1914
(Month) (Day) (Year)

7 AGE 8 yrs. 25 mos. 5 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Mollenberg Co

PARENTS
10 NAME OF FATHER William Latham
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Leticia Oliver
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Tom Steverson
(Address) Graham

15 Filed 12/30 1914 J. Chenier
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 29, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1914, to Dec 29, 1914, that I last saw her alive on Dec 27, 1914, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH was as follows:

Pneumonia pneumonia

(Duration) ... yrs. ... mos. 7 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) But Argabrite, M. D.
Dec 30, 1914 (Address) DePoy

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

19 PLACE OF BURIAL OR REMOVAL DePoy DATE OF BURIAL 12/30, 1914
20 UNDERTAKER C. Craft ADDRESS Graham

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 2.—Every item of information should be carefully supplied. Ask names of persons in full, and their relationship to the deceased. Their occupation, if any, should also be given. Do not use abbreviations, except those in full. Do not use initials, except those in full. Do not use "do not know" as an answer. Do not use "same" as an answer. Do not use "at home" as an answer. Do not use "at the house" as an answer. Do not use "at the place" as an answer. Do not use "at the residence" as an answer. Do not use "at the address" as an answer. Do not use "at the location" as an answer. Do not use "at the spot" as an answer. Do not use "at the point" as an answer. Do not use "at the place" as an answer. Do not use "at the residence" as an answer. Do not use "at the address" as an answer. Do not use "at the location" as an answer. Do not use "at the spot" as an answer. Do not use "at the point" as an answer.