

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County *Franklin*

CERTIFICATE OF DEATH

20751

Vol. No. *15*

7135

File No.

Inc. Town *Cleator Ky*

Registered No. *68*

City (No.) St. Ward)

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

2 FULL NAME *Andrew Jefferson Lewis*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*

16 DATE OF DEATH *Aug 14, 1912*
(Month) (Day) (Year)

6 DATE OF BIRTH *May 8, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 1, 1912*, to *Aug 14, 1912*, that I last saw him alive on *Aug 14, 1912*, and that death occurred, on the date stated above, at *9 P.M.*

7 AGE *3 mos. 8 ds.* If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Gastroenteritis
(Duration) ... yrs. ... mos. *15 ds.*

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

9 BIRTHPLACE (state or country) *Ky*

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds. (Signed) *LeRoy Beilin*, M. D. *Aug 10, 1912* (Address) *Cleator Ky*

10 NAME OF FATHER *Daton Lewis*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Maggie B. Comb*

13 BIRTHPLACE OF MOTHER (State or country) *Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL (1-) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 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

14 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Daton Lewis* (Address) *Cleator*

15 PLACE OF BURIAL OR REMOVAL *Melhus G. Ford* DATE OF BURIAL *Aug 15, 1912*
16 UNDERTAKER *J. L. Thomas* ADDRESS *Cleator*

18 FILED *Aug 12, 1912* *W. H. Moore* REGISTRAR

STATE PLACES, WITH CERTAINING THEREIN IS A PRACTICE. REGISTERED. B. B. Every item of information should be carefully verified. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.