

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

1 PLACE OF DEATH
County of Mublenby
Vot. Prec. 15
Inc. Town Cleaton Ky.
City _____ (No. _____ St., _____ Ward)

File No. 25970

Registered No. 74
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henry Lewis Manous

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Sept 22, 1902
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 29 ds. If LESS than 1 day ... hrs. or ... min.?

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.

10 NAME OF FATHER Lee Manous

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Colg Nicholas

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Manous
(Address) Cleaton Ky.

15 Filed Oct 12, 1912 W. H. Mounts
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1912, to Oct 11, 1912, that I last saw him alive on Oct 11, 1912, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH was as follows:

Bronchitis,
(Duration) _____ yrs. _____ mos. 19 ds.

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

(Signed) Lee Roy Willis M. D.
Oct 12, 1912 (Address) Cleaton Ky.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) NATURE 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. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?
Former or usual residence _____

18 PLACE OF BURIAL OR REMOVAL Wick Liffers yard DATE OF BURIAL Oct 13, 1912

19 UNDERTAKER J. Thomas ADDRESS Cleaton Ky.

WRITE PLAINLY WITH CAREFUL MEASURE IS A PERMANENT RECORD

Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS 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.