

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 35Registered No. 18945

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

1. PLACE OF DEATH
Marble Hill
County
Vol. Pat. Buck Creek
The Town Hy
City (No. _____ St. _____ Ward _____)

Registration District No. 1092
Primary Registration District No. 68280

2 FULL NAME Jewel Howard McCoy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OF RACE (White) 5 Single Single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH 3 - 26 - 1928
(Month) (Day) (Year)

7 AGE 4 yrs. 8 mos. 8 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)

9 BIRTHPLACE (State or country) Brown Co Ky

10 NAME OF FATHER Richard McCoy

11 BIRTHPLACE OF FATHER (State or country) Bartlett Co Ky

12 MAIDEN NAME OF MOTHER Abnera Barber

13 BIRTHPLACE OF MOTHER (State or country) Marble Hill Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard McCoy

(Address) Brown Co Ky

Filed 7/10, 1928 Vesta J. J. J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to 7-9-1928, that I last saw him alive on 7-9-1928, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH was as follows:

Acute Intestinal Enteritis

(Duration) _____ yrs. _____ mos. 1 da.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. 1 da.

(Signed) W. A. Proctor, M. D.
7-9-1928 (Address) Brown Co Ky

*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 _____ yrs. _____ mos. _____ da. in the State _____ yrs. _____ mos. _____ da.
Where was disease contracted,

If not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL West Hill DATE OF BURIAL 7-10-1928

20 UNDERTAKER J. Kimmel ADDRESS Brown Co Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

REARER RESERVED FOR INDEXING
N. B.—Every item of information should be carefully 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.