

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

28756

1 PLACE OF DEATH

County MuhlenbergVot. Pot. YohannaIno. Town Yohanna

City (No. St., Ward)

Registration District No. 3240

Primary Registration District No.

File No.

Registered No. 43
 (If death occurred in a
 hospital or institution,
 give its NAME instead of
 street and number.)
2 FULL NAME Jay McCarroll

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Oct 14, 1917
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day 5 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) Kentucky10 NAME OF FATHER Connie Ephraim McCarroll11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Bessie Ann Bostard13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Connie McCarroll(Address) McNary KyFiled 10/16, 1917 J. C. Keener
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 14, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1917, to Oct 14, 1917, that I last saw her alive on Oct 14, 1917, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows:Premature Birth

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

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

(Signed) W. M. Bailey, M. D.
Oct 15, 1917. (Address) White Plains, 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 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 Rock Bridge Cemetery DATE OF BURIAL Oct 15, 191720 UNDERTAKER No Undertaker ADDRESS

MARGIN RESERVED FOR INDEXING

 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.