

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WHEN UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-A-50m-11-1-29

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

25282

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. Emm

Inc. Town _____

City _____

Registration District No. 1097

Primary Registration District No. 2846

File No. _____

Registered No. 10

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Franklin Pierce Mefford

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE Wht 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years 82 Months 4 Days 12 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ky (State or country) _____

13. NAME Andy Mefford

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME Katie Mefford

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT B. M. Mefford (Address) _____

18. BURIAL, CREMATION, LOW, OR OTHER PLACE Huntington, Ky (Address) _____

19. UNDERTAKEN J. H. Kimmel (Address) _____

20. FILED _____, 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1931 to Oct 17, 1931. I last saw him alive on Sept 28, 1931, death is said to have occurred on the date stated above, at 6:15 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Nephritis Date of onset _____

Contributory causes of importance not related to principal cause: _____

Retention of Urine Used Catheter from Sept 28 to Oct 17 Date of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Henry Smith, M. D.

(Address) Rocheater, Ky