

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County MuhlenburgVot. Pct. EmmisRegistration District No. 1097

File No. ....

Registered No. 2

Ine. Town. ....

Primary Registration District No. 2466

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

City. ....

(No. .... St., .... Ward)

2 FULL NAME George N Mefford

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE W 5 Single Married widowed or Divorced (Write the word)6 DATE OF BIRTH July 13<sup>th</sup> 1847 (Month) (Day) (Year)7 AGE 82 yrs. 6 mos. 17 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION (a) Trade, profession or particular kind of work. Farmer (b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Andrew Mefford11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B M Mefford(Address) Rochester Ky15 FILED Feb 12 1930 L L Fleming Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 30 1930 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 30 1930 to Jan 30 1930that I last saw him alive on Jan 29, 1930 and that death occurred on the date stated above at 9 A.M.

The CAUSE OF DEATH\* was as follows:

Chronic NephritisDuration 3 yrs. .... mos. .... ds.

Contributory (Secondary) .....

(Duration) 3 yrs. .... ds.(Signed) James Smith, M.D. 1-20-30 (Address) Rochester 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 Union Chapel DATE OF BURIAL 1-31, 193020 UNDERTAKER W H Wood ADDRESS Rochester

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. See instructions on back of certificate.