

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

1 PLACE OF DEATH

County MuhlenburgVol. Pot. Ennis

Ino. Town.....

City.....

Registration District No. 7127Primary Registration District No. 7

(No. St. Ward)

2 FULL NAME Jackson Mefford

File No.

Registered No. 21

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH August 23, 1880
(Month) (Day) (Year)

7 AGE 88 3 22 IF LESS than 1 day ... hrs. or ... min.?
yrs. ... mos. ... ds.

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) Muhlenburg Ky

10 NAME OF FATHER Jackson Mefford

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Kullbier

13 BIRTHPLACE OF MOTHER (State or country) Robertson Co. Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Gater
(Address) Knightsburg Ky

15 Filed Dec. 27, 1918 by G. D. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22nd, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct-11th, 1918, to Dec 22, 1918, that I last saw him alive on Dec 20, 1918, and that death occurred on the date stated above at 7 P.m. The CAUSE OF DEATH* was as follows:

Calcular heart disease

(Duration) ... yrs. 2 .. mos. 21 .. ds.

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

(Signed) W. G. Hunt, M. D.
Dec. 23rd, 1918 (Address) Rochester

*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 Simmons Chappel DATE OF BURIAL 12-23rd, 1918

20 UNDERTAKER Mercer Co 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.