

1 PLACE OF DEATH

County

Vot. Pot.

Ino. Town

City

2 FULL NAME

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

Registration District No.

Primary Registration District No.

St., Ward)

41356

File No.

Registered No. 102

(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
Caucasian
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single6 DATE OF BIRTH
Jan 31, 1917
(Month) (Day) (Year)7 AGE
29 yrs. 2 mos. 29 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)
None9 BIRTHPLACE
(State or country)
Ky10 NAME OF FATHER
Harrison Miller11 BIRTHPLACE OF FATHER
(State or country)
Ky12 MAIDEN NAME OF MOTHER
Mollie Greer13 BIRTHPLACE OF MOTHER
(State or country)
Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed 12-3-1918

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 2, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191....., to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:

Bronch. pneumonia
(Duration)..... yrs..... mos..... ds.Contributory
(SECONDARY)(Signed) C. D. Johnson, M. D.
12/3/1918 (Address) Louisville, 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

DATE OF BURIAL

Wickliffe Rd
Nov 3, 1918

20 UNDERTAKER

ADDRESS

Jas E. Greer
Kremville