

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

41337

PLACE OF DEATH  
County Wickliffe

Vot. Pot. 15 Registration District No. 2135

Ino. Town Chates Primary Registration District No. ....

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

FULL NAME Harrison Melton

File No. ....

Registered No. 107

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 1, 1958  
(Month) (Day) (Year)

7 AGE 30 yrs. 4 mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Cadmer (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) 14

PARENTS

10 NAME OF FATHER Hazel Melton

11 BIRTHPLACE OF FATHER (State or country) 14

12 MAIDEN NAME OF MOTHER Rebecca Puddled

13 BIRTHPLACE OF MOTHER (State or country) 14

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Gray (Address) Chates

15 Filed 12-2-58 W. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 1, 1958  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1918, to Dec 1, 1918, that I last saw him alive on Dec 1, 1918, and that death occurred on the date stated above at 8 m. The CAUSE OF DEATH\* was as follows:

Pneumonia

Contributory (SECONDARY) .....

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

(Signed) H. T. Cannon, M. D.

Dec 1, 1918 (Address) Chates

\*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 Wickliffe KY DATE OF BURIAL Nov 2, 1958

20 UNDERTAKER Joe E. Gray ADDRESS Chates

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

M. 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.