

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. Graham
Inc. Town _____
City _____ (No. _____, St.; _____ Ward)

File No. 13584

7140

Registered No. _____

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

2 FULL NAME Dallas Mercer

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 30, 1845
(Month) (Day) (Year)

7 AGE 67 yrs. 13 mos. 13 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) Muhlenberg Co

PARENTS
10 NAME OF FATHER Jason Mercer
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Bennett
13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wood Mercer
(Address) Depoy Ky

15 Filed 6/1, 1912 Thos A Gardhouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from May 10, 1912, to _____, 1912, that I last saw ~~her~~ him alive on May 13, 1912, and that death occurred, on the date stated above, at 5 p. m.
The CAUSE OF DEATH* was as follows:

Angina pectoris
(Duration) _____ yrs. _____ mos. 1 ds.

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

(Signed) B. G. Argabrite, M. D.
May 14, 1912 (Address) Depoy 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 Pleasant Hill DATE OF BURIAL 5/14, 1912

20 UNDERTAKER Shannon Mercer & Co ADDRESS Depoy Ky

WRITE PLAINLY WITH INK. THIS IS A PERMANENT RECORD. U. S. - 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.