FORM V. S. 1-500M. 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12165

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 15

Registration District No. 7135

File No.

Registered No. 56

Inc. Town

Primary Registration District No.

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

City (No. St., Ward)

2 FULL NAME Escar B Mercer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Femeal

4 COLOR OR RACE White

5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH May (Month) 18 (Day), 1916 (Year)

7 AGE ... yrs. 10 mos. 23 ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Escar Mercer

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ruth Thomas

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ruth Mercer

(Address) Cleaton

15 Filed 4-11, 1917 W H Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April (Month) 10 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1917, to April 10, 1917, that I last saw him alive on April 10, 1917, and that death occurred on the date stated above at 11 45 a.m. The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

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

Contributory (SECONDARY)

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

(Signed) C. D. Almond, M. D.

4-11, 1917 (Address) Cleaton 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 Wickliffe Ky

DATE OF BURIAL April 12, 1917

20 UNDERTAKER J L Thomas

ADDRESS Cleaton Ky

11—6184

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE 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.