FORM V. S. 1-300 M. 10-15-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 30417

Registered No. ____

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Skilesville
Inc. Town ____
City ____ (No. ____, ____ St.; ____ Ward)

2 FULL NAME Mr. R. J. Mercer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: wht
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ____
6 DATE OF BIRTH: 4 (Month) ____ (Day), 1833 (Year)
7 AGE: 80 yrs. 7 mos. 27 ds. If LESS than 1 day ____ hrs, or ____ min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: Black Smith
(b) General nature of industry business, or establishment in which employed (or employer): ____
9 BIRTHPLACE (State or country): ____

PARENTS
10 NAME OF FATHER: ____
11 BIRTHPLACE OF FATHER (State or country): ____
12 MAIDEN NAME OF MOTHER: ____
13 BIRTHPLACE OF MOTHER (State or country): ____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wade Mercer
(Address) Rochester

15
Filed 12/2, 1913 Chas Fleming
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 30 (Day), 1913 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1913, to ____, 191__, that I last saw h[illegible] alive on Nov 28, 1913, and that death occured, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis

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

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

(Signed) D. W. McReynolds Jr., M. D.

Dec 2, 1913 (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: Rochester — DATE OF BURIAL: 12/4, 1913
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.