

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

25401

1 PLACE OF DEATH

County Wauhatchie

Vot. Pot. N 5

Ino. Town Drakesboro Ky

City

Registration District No. 872

Primary Registration District No. 7125

(No. St., Ward)

File No.

Registered No. 32

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

2 FULL NAME Herbert Morris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 2, 1915
(Month) (Day) (Year)

7 AGE yrs. mos. 24 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)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Leuther Morris

11 BIRTHPLACE OF FATHER (State or country) Edmon Ky

12 MAIDEN NAME OF MOTHER Viola Sutton

13 BIRTHPLACE OF MOTHER (State or country) Drakesboro Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Leuther Morris (Address) Drakesboro Ky

15 Filed 10-27-1915 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 27, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1915, to Oct 26, 1915, that I last saw him alive on Oct 26, 1915,

and that death occurred on the date stated above at 3.9 a.m. The CAUSE OF DEATH* was as follows:
Spinal Hernia from Birth
A constant leaking of spinal fluid
causing convulsions
(Duration) yrs. mos. 24 ds.

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

(Signed) J. D. Lunsford, M. D. Oct 27, 1915 (Address) Drakesboro 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 Smiths Spring DATE OF BURIAL 10-27-1915

20 UNDERTAKER G. H. Bishop ADDRESS Drakesboro Ky

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

N. B.--Every item of information should be carefully supplied. AGE should be given 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.