

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12171

1 PLACE OF DEATH

County Martin

Vol. Pat. Grassland

Inc. Town

City

Registration District No. 2140

Primary Registration Dist. No.

(No.) St.

File No.

Registered No. 15

(If death occurred in a hospital or institution, give its NAME, location of street and number.)

2 FULL NAME Jess Morris Jr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4/24/1917
(Month) (Day) (Year)

7 AGE yrs. mos. ds. If LESS than 1 day 2 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 Jess Morris Sr

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ida Robinson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess Morris Sr
(Address) Grassland

15 Filed 4/24, 1917 J. Kennedy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4/24, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/24/1917, to 4/24/1917, that I last saw him alive on 4/24/1917, and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH* was as follows Myocardial infarction
to premature death which was caused by an embolism of the coronary artery.

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

(Signed) T. J. Edge, M. D. 4/24, 1917 (Address) Grassland 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 Home DATE OF BURIAL 4/24, 1917

20 UNDERTAKER Ch Craft ADDRESS Robards

BE CAREFUL! WRITE CORRECTLY. THE INFORMATION ON THIS FORM IS VERY IMPORTANT. BE CAREFUL! WRITE CORRECTLY. THE INFORMATION ON THIS FORM IS VERY IMPORTANT. BE CAREFUL! WRITE CORRECTLY. THE INFORMATION ON THIS FORM IS VERY IMPORTANT.