

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

PLACE OF DEATH

County of MuhlenbergVol. No. 15Inc. Town Cleaton, Ky.

City _____ (No. _____ St.; _____ Ward)

File No. 15788Registered No. 62

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

FULL NAME Not named

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female
male

4 COLOR OR RACE White

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

6 DATE OF BIRTH June 19, 1912
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 3 hrs. ds.
If LESS than 1 day... hrs. ? or... min. ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (state or country) Ky.

PARENTS

10 NAME OF FATHER Leonard E. Morris

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Florence Morris

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leonard Morris
(Address) Cleaton Ky.

15 Filed June 19, 1912 W. H. Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1912, to June 19, 1912, that I last saw him alive on June 19, 1912, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Premature births
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) LeRoy Wallis, M. D.
June 21, 1912 (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 Rosine 14 DATE OF BURIAL June 25, 1912

20 UNDERTAKER J. L. Thomas ADDRESS Cleaton