

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **28671**
Registered No. **62**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

County **Madison** Registration District No. **91251094**
Inc. Town **Bevin** Primary Registration District No. **6840**
City (No. _____ St. _____ Ward _____)

2 FULL NAME **Walter Henry**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single **Single**
Married
Widowed
or Divorced
(Write the word)
6 DATE OF BIRTH **Feb 19 1904**
(Month) (Day) (Year)
7 AGE **18 yrs 9 mos 27 ds**
IF LESS than 1 day 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)
10 NAME OF FATHER **Prof J Henry**
11 BIRTHPLACE OF FATHER (State or country) **Kentucky**
12 MAIDEN NAME OF MOTHER **Callie Stanley**
13 BIRTHPLACE OF MOTHER (State or country) **Kentucky**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **R. J. Henry**
(Address) **Bevin Ky**

15 Filled **Jan 9 1925** **J. M. Warren** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **12-16-1924**
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased **from Dec 15 1924 to Dec 16 1924**
that I last saw him alive on **Dec 12 1924**
and that death occurred on the date stated above at **22** m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
(Duration) **1 yrs 4 mos ds**
Contributory (Secondary)
(Duration) _____ yrs _____ mos _____ ds
(Signed) **C. D. Deason** M. D.
12/16/1924 (Address) **Bevin 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 _____ 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 **Waco, Ky** DATE OF BURIAL **12-17-1924**
20 UNDERTAKER _____ ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
St. 2—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. See statement of OCCUPATION in every important. See instructions on back of certificate.