

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

1 PLACE OF DEATH
County Martin

Vot. Pot. Nelson

Ino. Town Wey

City Wey

Registration District No. 7139

Primary Registration District No. 7139

File No. 7676

Registered No. 4

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

2 FULL NAME Robert H. Petty

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec. 20, 1918
(Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 3 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) Wey

PARENTS

10 NAME OF FATHER Robert Petty

11 BIRTHPLACE OF FATHER (State or country) Wey

12 MAIDEN NAME OF MOTHER Ruth J. ...

13 BIRTHPLACE OF MOTHER (State or country) Wey

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

15 Filed 1/29, 1919 S. O. Maple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 25, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1918, to Dec. 25, 1918, that I last saw him alive on Dec. 25, 1918, and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH* was as follows:

Cerebral spinal meningitis
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds. (Signed) C. M. ... M. D. (Address) ...

*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 DATE OF BURIAL

20 UNDERTAKER ADDRESS

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. Instructions on back of certificate.