

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

PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Breun  
Inc. Town  
City (No. St.) Ward

File No. 16477  
Registered No. 7

7122

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

FULL NAME Emmett Salcer

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 9, 1914  
(Month) (Day) (Year)

AGE no yrs. no mos. 13 ds. IF LESS than 1 day... hrs, or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Midland Ky.

10 NAME OF FATHER Andrew Salcer

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

12 MAIDEN NAME OF MOTHER Ida Stovenger

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. B. Morris

(Address) Midland Ky.

15 Filed June 22, 1914 M. C. Grundy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191...

that I last saw him alive on June 18, 1914

and that death occurred, on the date stated above, at 6 P.M.  
The CAUSE OF DEATH\* was as follows:

Prematurity  
(Duration) no yrs. no mos. 13 ds.

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

(Signed) Robert O. Morris, M. D.  
June 22, 1914 (Address) Midland Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(1) 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 Reads Cemetery DATE OF BURIAL June 22, 1914

20 UNDERTAKER J. B. Trucker ADDRESS Breun Ky.

WRITE PLAINLY. WITH CAREFULNESS AND THIS IS A PERMANENT RECORD. Every item of information should be carefully verified. AGE should be stated in FULL. PERSONS should state CAUSE OF DEATH in plain language so that it may be properly classified. EXACT TIME OF OCCURRENCE IS VERY IMPORTANT. See instructions on back of certificate.