

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

1 PLACE OF DEATH
County Franklin
Vot. Prec. 22
Inc. Town Beech Creek
City 19 (No. St., Ward)

Registration District No. 872 8421
Primary Registration District No. 71254

File No. 13187
Registered No. 13
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME John Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>May 6 1915</u> (Month) (Day) (Year)		
7 AGE yrs. mos. ds.		IF LESS than 1 day ... hrs. or 30 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) <u>Franklin, Ky.</u>		
PARENTS	10 NAME OF FATHER <u>Ed. Travis</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Cresley, Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Chloe Sigmond</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Cresley, Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
May 6 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1915, to May 8, 1915, that I last saw him alive on May 6, 1915, and that death occurred on the date stated above at 12:12 P.M. The CAUSE OF DEATH was as follows:
Myocardial infarction not amiable
lived half hour

(Duration) yrs. mos. ds.

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

(Signed) L. A. Oatis, M. D.
May 6, 1915. (Address) Franklin, 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Morris
(Address) Franklin, Ky.

15 Filed 5/7, 1915 J. R. Kimmel REGISTRAR
19 PLACE OF BURIAL OR REMOVAL Cheney DATE OF BURIAL 5/9, 1915
20 UNDERTAKER J. Williams ADDRESS Franklin, Ky.

WRITE PLAINLY IN UNFADING INK--THIS IS A PERMANENT RECORD
 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. See instructions on back of certificate.
 MARRIED RESERVED FOR MENSTRUATION