

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

1 PLACE OF DEATH

County ButcherVol. Pat. Bones Ky

Inn. Town.....

City.....

Registration District No. 713 5

Primary Registration Dist. No.....

File No. 23304

Registered No.....

2 FULL NAME E Weatherford

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Sept 1</u> , 1912 (Month) (Day) (Year)		
7 AGE yrs..... mos..... 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) Ky10 NAME OF FATHER W. H. Weatherford11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Georgia Nauvine13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Weatherford(Address) Est Valley Ky15 Filed 9-2, 1912 W. H. Morrow

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 1, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1912, to Sept 2, 1912, that I last saw him alive on Sept 2, 1912, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Premature birth
(Duration)..... yrs..... mos..... ds.Contributory (SECONDARY).....
(Duration)..... yrs..... mos..... ds.(Signed) D. J. Jones, M.D.
Sept 2, 1912 (Address) Frankfort 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, TRANSMENTS 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 Wickliff CemeteryDATE OF BURIAL 9-2, 191220 UNDERTAKER None (Home Office)

ADDRESS

WRITE FULLY, WITH CAREFULNESS AND IN A PERMANENT INK

21. Every item of information on this certificate should be checked carefully. AGE should be stated in FULLY. 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.