

Farthing, Charlie 1910 -1911

FORM V. S. 1-200 M. 10-10-10

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

County Madison File No. 32131
 Vol. Pat. Red Home Registered No. 169
 No. Town (#7 outside C.T.) R. 2 #6817
 City _____ (No. _____ St. _____ Ward _____)

1 FULL NAME Leharley Farthing

2 PLACE OF DEATH _____

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	10 DATE OF DEATH <u>Dec 4, 1911</u> (Month) (Day) (Year)	11 I HEREBY CERTIFY, That I attended deceased from <u>Dec 3, 1911</u> , to <u>Dec 3, 1911</u> , that I last saw h. <u>Dec 3, 1911</u> , alive on <u>Dec 3, 1911</u> , and that death occurred, on the date stated above, at <u>2.30</u> a.m. The CAUSE OF DEATH* was as follows: <u>Membrane in Cramp</u>
6 DATE OF BIRTH <u>July 3, 1910</u> (Month) (Day) (Year)			12 (Duration) <u>24 hours</u> yrs. mos. ds.	
7 AGE <u>1</u> yrs. <u>5</u> mos. <u>1</u> ds. If LESS than 1 day... hrs. or... min.?			Contributory (Secondary) _____ (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Signed) <u>W. J. Williams</u> , M. D. <u>Dec 4, 1911</u> (Address) <u>Ford, Ky.</u>	
9 BIRTHPLACE (State or country) <u>Madison Co Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>Jerry Farthing</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Estill Co Ky</u>	(b) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs. mos. ds. In the State... yrs. mos. ds.	
	12 MAIDEN NAME OF MOTHER <u>Sarah Stone</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Estill Co Ky</u>	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) <u>Jerry Farthing</u> (Address) <u>Ford, Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Cotton's Grave yard</u>
15 Filed <u>Dec 4, 1911</u> <u>J. W. Howard</u> REGISTRAR			DATE OF BURIAL <u>Dec 5, 1911</u>	
			20 UNDERTAKER <u>J. W. Howard</u>	
			ADDRESS <u>Ford Ky</u>	

11-2194

CAUSE OF DEATH IN plain language, see instructions on back of certificate. Important. See instructions on back of certificate.