

FORM V 8 1-800M 2-29-12

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

1 PLACE OF DEATH
County Madison
Vot. Pot. Redhouse
Ino. Town 7 P.C.L.
City 7 P.C.L.

2 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) X

6 DATE OF BIRTH 1 (Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 1 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) Madison Co

10 NAME OF FATHER Gary Farthing

11 BIRTHPLACE OF FATHER (State or country) Madison Co

12 MAIDEN NAME OF MOTHER Sarah H Stone

13 BIRTHPLACE OF MOTHER (State or country) Madison Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. A. McBlanton (Address) Redhouse Ky

15 FILED 2 1920 J. J. Gigg REGISTRAR

16 DATE OF DEATH Feb 1, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191....., to 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:

Contributory Still Born (Duration)..... yrs..... mos..... ds.

(Signed) J. F. Remington, M. D. 107 W. 7th St. Redhouse (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 Shaw's Cem DATE OF BURIAL Feb 2, 1920

20 UNDERTAKER Oldham & Roubal ADDRESS Richmond

File No. 5694
Registered No. 740

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

11-3194

M. B.—Every item of information should be carefully supplied. AGE should be in EXACTLY. PHYSICIAN 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.