

Morgerson, Infant 1919 - 1919

FORM V - 1-1909

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

1 PLACE OF DEATH
County Jaycee

2 File No. 15763

3 Registered No. 2285

4 COLOR OR RACE Single White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH May 28, 1919

7 AGE 1 yrs. 1 mos. 1 ds. IF LESS than 1 day... hrs. of... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Ben Morgerson

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sophia Buntan

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. M. Seal (Address) Unionville Ky

15 Filed 7/20 1919 REGISTRAR

16 DATE OF DEATH May 29, 1919

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 11 A.M. The CAUSE OF DEATH* was as follows: Ethemic poisoning

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

(Signed) Henry J. Lousher, M. D. May 30, 1919. (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 Unionville Ky DATE OF BURIAL..... 191.....

20 UNDERTAKER J. H. Ward ADDRESS Unionville Ky

11-3164

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.