

Curlis, Jackson F 1848 - 1916

FORM V. S. 1-1000-1-10-11.

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

1 PLACE OF DEATH
County Campbell

Vol. Pat. _____ Registration District No. 182 File No. 25117

Inc. Town _____ Primary Registration Dist. No. 2093 Registered No. 129

City Wayton (No. 432-8 Ave St. 3rd Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jackson F Curlis

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>	10 DATE OF DEATH <u>Oct 22, 1916</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 8, 1914</u> , to <u>Oct 23, 1916</u> , that I last saw him alive on <u>Oct 21, 1916</u> , and that death occurred, on the date stated above, at <u>1:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>mitral & aortic regurgitation</u> (Duration) <u>5</u> yrs. <u>0</u> mos. <u>0</u> ds. Contributory (Secondary) <u>anemia</u> (Duration) <u>6</u> mos. <u>0</u> ds. (Signed) <u>J. J. Garrison</u> , M. D. <u>Oct 23, 1916</u> (Address) <u>Bellmore Ky</u>
6 DATE OF BIRTH <u>Apr 1, 1848</u> (Month) (Day) (Year)	7 AGE <u>68</u> yrs. <u>0</u> mos. <u>0</u> ds. If LESS than 1 day... hrs. or... min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Box maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Paper Box Factory</u>	9 BIRTHPLACE (State or country) <u>Ohio</u>	
10 NAME OF FATHER <u>Joseph Curlis</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; add (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country) <u>Ohio</u>			(15) 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 _____	
12 MAIDEN NAME OF MOTHER <u>Don't know</u>			19 PLACE OF BURIAL OR REMOVAL <u>Evergreen</u> DATE OF BURIAL <u>10/25, 1916</u>	
13 BIRTHPLACE OF MOTHER (State or country) "			20 UNDERTAKER <u>The John J. Padell Newport, Ky</u> ADDRESS	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Emma Curlis</u> (Address) <u>432-8 Ave. Wayton</u>				
15 Filed <u>Oct 28th</u> 1916 by <u>Lois L Davies</u> REGISTRAR				

11-8184