

Fuller, James 1882 - 1925

Form V. S. 1-50m-2-25-23

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4610
File No. 21
Registered No. 970
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Madison

Vot. Pct. _____ Registration District No. 970

Inc. Town _____ Primary Registration District No. 2370

City Pickman (No. _____) St. _____ Ward _____

2 FULL NAME James Stevens

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Widowed</u> Widowed or Divorced (Write the word)	6 DATE OF DEATH <u>Feb 12</u> 192 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH _____/_____/_____ (Month) (Day) (Year)			7 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h_____ alive on _____, 192____, and that death occurred on the date stated above at _____.	
7 AGE <u>42</u> yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. of _____ min?		The CAUSE OF DEATH* was as follows: <u>Burned to death, in his residence</u> (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Ky</u>			(Signed) <u>J. J. Giss</u> J. O. M. C. M. D. <u>2-8-25</u> 192 <u>5</u> (Address) <u>Pickman, Ky</u>	
PARENTS	10 NAME OF FATHER <u>N W Stevens</u>		*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.	
	12 MAIDEN NAME OF MOTHER <u>Dollie Birch</u>		Where was disease contracted, _____ if not at place of death? _____ Former or usual residence _____	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>		19 PLACE OF BURIAL OR REMOVAL <u>Everton Ky</u> DATE OF BURIAL <u>2/14</u> 192 <u>5</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Paul Stevens</u> (Address) <u>Everton Ky</u>			20 UNDERTAKER <u>John R. Puntam</u> ADDRESS _____	
15 Filed <u>2 13</u> 192 <u>5</u> J. J. Giss Registrar				

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