

Form V, S. 1-50m-11-5-28		COMMONWEALTH OF KENTUCKY		12463	
1 PLACE OF DEATH		State Board of Health		BUREAU OF VITAL STATISTICS	
County <u>Kerr</u>		BUREAU OF VITAL STATISTICS		File No. <u>6</u>	
/ot. Pot. <u>Cassell</u>		CERTIFICATE OF DEATH		Registered No. <u>2</u>	
Reg. Dist. No. <u>117</u>		Registration District No. <u>117</u>		Registered No. <u>2</u>	
Inc. Town <u>Cassell</u>		Primary Registration District No. <u>702</u>			
City <u>Cassell</u>		(No. <u>702</u> St. <u>702</u> Ward)		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>J. B. Landrum</u>					
(a) Residence No. <u>7</u>		St. <u>702</u> Ward <u>702</u>		(Usual place of abode) (If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. <u>7</u> mos. <u>11</u> ds.		How long in U.S., if of foreign birth? yrs. <u>7</u> mos. <u>11</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 Single <u>Single</u> Married <u>Single</u> Widowed <u>Single</u> or Divorced <u>Single</u> (Write the word)	16 DATE OF DEATH <u>May 7</u> 19 <u>32</u> (Month) (Day) (Year)		
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>10</u> to <u>10</u> that I last saw him alive on <u>10</u> and that death occurred on the date stated above at <u>10</u> The CAUSE OF DEATH* was as follows: <u>Diphtheria</u>		
7 AGE <u>7</u> yrs. <u>11</u> mos. <u>11</u> ds. IF LESS than 1 day <u>11</u> hrs. or <u>11</u> min?			(Duration) <u>7</u> yrs. <u>11</u> mos. <u>11</u> ds.		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>None</u>			Contributory (Secondary) (Duration) <u>7</u> yrs. <u>11</u> mos. <u>11</u> ds.		
9 BIRTHPLACE (city or town) (State or country) <u>Cassell Ky.</u>			18 WHERE WAS DISEASE CONTRACTED? If not at place of death? <u>None</u> Did an operation precede death? <u>None</u> Date of <u>None</u> Was there an autopsy? <u>None</u> What test confirmed diagnosis? <u>None</u> (Signed) <u>None</u> M. D. (Address) <u>None</u>		
PARENTS	10 NAME OF FATHER <u>Sherman Landrum</u>	19 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)			
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky.</u>	20 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	12 MAIDEN NAME OF MOTHER <u>Laura Superboy</u>	21 UNDERTAKER ADDRESS <u>None</u>			
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky.</u>			22 (Informant) <u>Lucy Morris</u> (Address) <u>Cassell</u>		
14 (Informant) <u>Lucy Morris</u> (Address) <u>Cassell</u>			15 Filed <u>6-11-32</u> <u>J. C. Morris</u> Registrar		