A Commenter of the Comment of the Co	The second secon
Form V. S. 1-Em-8-3-22  1 72459 OF DEATE  County Leader  DURE U G TAY STATISTICS  CERTIFICATE F DEATH  Vot. Pot.  Registration District No.  Primary Registration District No.  2 FULL NAME (Millous)  2 FULL NAME (Millous)  COMMINDENTIFY F KENTUCKY  State On 10 of Health  BURE U G TAY STATISTICS  CERTIFICATE F DEATH  Registered No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)  Ward)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Marris Wide (See See See See See See See See See S	16 DATE OF DEATH  (Mighth) (Day) (Year)  17 I HERESY CERTIFY, That I attended deceased
any 18-1923	from 192 to 192
7 AGE  (Month)  (Dny)  (F iESS than I day / D. hrs.  S OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry,	that I last saw h alive on
business or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF FATHER MEMORY Welf  11 BIRTHPLACE OF FATHER (State or country) Pournation Sty	(Signed) Paul & Signed , M. D.  (Signed) Paul & Signed , M. D.  (Address Arangia Mig.  (State die Disease Causing Death, or, in daths from Vigient Causes state (1) Means of Injury; and (2) whether Accidental, suicidal or Homicidal.
BIRTHPLAST OF MOTHER  18 BIRTHPLAST OF MOTHER  (State or (own) or an arrow of the control of the	Is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
(Informante Cuttiony Welf	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan / 9th 3 FRipper	This worth Post Porce Se