

Duncan, Infant 1926 - 1926

Form V, S. 1-22-24-34
COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37 8438
 File No. _____
 Registered No. _____
 (If death occurred in a hospital or institution give its NAME instead of street and number.)

1 PLACE OF DEATH
 County Scott County
 Vol. Pleasant Valley Registration District No. 1330
 Inc. Town _____ Primary Registration District No. 7381
 City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME INFANT Phill Power

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Mar</u> <u>5</u> <u>1926</u> (Month) (Day) (Year)	17 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 _____ P. M. The CAUSE OF DEATH was as follows: <u>unknown</u> <u>Bum Head.</u> (Duration) _____ yrs. _____ mos. _____ da. Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da. (Signed) <u>H. C. Lovelace</u> M. D. <u>Mar 5, 1926</u> (Address) <u>Frankfort</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
6 DATE OF BIRTH _____ (Month) (Day) (Year)	7 AGE _____ yrs. _____ mos. _____ da. IF LESS than 1 day _____ hrs. or _____ min.	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. _____ mos. _____ da. State _____ yrs. _____ mos. _____ da. Where was disease contracted, if not at place of death? Former or usual residence _____	
9 BIRTHPLACE (State or country) <u>Kentucky</u>	10 NAME OF FATHER <u>Georger Duncan</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	19 PLACE OF BURIAL OR REMOVAL <u>FAMILY BURING GR UND.</u>	DATE OF BURIAL <u>MAR 6 1926</u>
12 MAIDEN NAME OF MOTHER <u>Della Johnson</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harby Duncan</u> (Address) <u>Bridgeton + 3</u>	20 UNDERTAKER <u>E. ASHURST & SON.</u>	ADDRESS <u>GEORG TOWN KY.</u>
15 File <u>Apr 1 1926</u> <u>Phill Hall</u> Registrar				

11-519

K. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STILL BIRTH