

FORM V - 1900M

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

1 PLACE OF DEATH
County *Madison*
Vol. No. *Madison*
Inc. Town
City (No. St. Ward)

Registration District No. *123*
Primary Registration District No.
File No.
Registered No. *530*

2 FULL NAME *Garnett Fields*

3 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Still born*

6 DATE OF BIRTH *Jan 7 1918*

7 AGE *Still born* IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Still born* (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Kentucky*

PARENTS
10 NAME OF FATHER *Gas P. Fields*
11 BIRTHPLACE OF FATHER (State or country) *Kentucky*
12 MAIDEN NAME OF MOTHER *Etta Scarns*
13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Gas P. Fields*
(Address) *Madisonville, Ky. # 2*

15

16 DATE OF DEATH *Jan 7 1918*

17 I HEREBY CERTIFY, That I attended deceased from ... 191... to ... 191... and that death occurred on the date stated above m. The CAUSE OF DEATH* was as follows:
*Still born
Caused by Strangulation*

Contributory (Secondary) ...
(Signed) *M. Rees* M. D.
Jan 8, 1918 (Address) *Cynthiana, Ky*

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL *Beards Church* DATE OF BURIAL *Jan 8, 1918*
20 UNDERTAKER *Smith-Reed Co* ADDRESS *Cynthiana, Ky*

11-5194