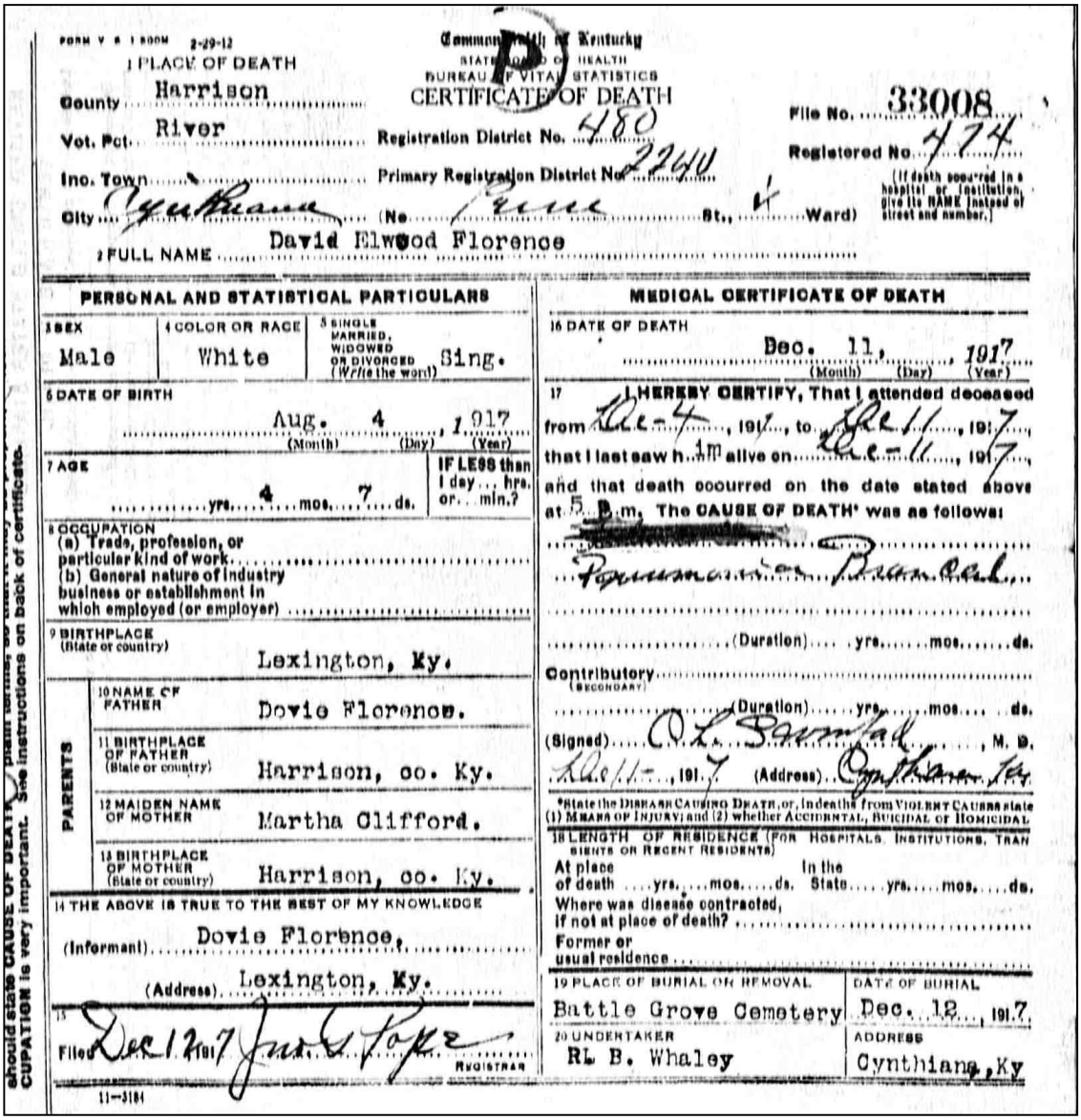
Log Cabin – December 14, 1917

FLORENCE.

The infant son of Mr. and Mrs. Dovie Florence died of pneumonia Tuesday. The funeral services, conducted by Rev. Geo. Ammerman, were held Wednesday at the residence of Mr. Ed Clifford and the remains were placed in the vault at Battle Grove.

The child was about five months old.

Mrs. Florence has been ill of typhoid fever at Harrison Hospital for two months.



FORM V S 1 500M 2-29-12

1 PLACE OF DEATH

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

County Harrison
Vot. Pct. River
Reg. Town
City Cynthiana (No. Pine St., 4 Ward)

Registration District No. 480
Primary Registration District No. 2240

File No. 33008
Registered No. 474

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Elwood Florence

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Sing.

6 DATE OF BIRTH: Aug. 4, 1917 (Month) (Day) (Year)

7 AGE: yrs. 4 mos. 7 ds.
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)

9 BIRTHPLACE (State or country): Lexington, Ky.

PARENTS

10 NAME OF FATHER: Dovie Florence.
11 BIRTHPLACE OF FATHER (State or country): Harrison, co. Ky.
12 MAIDEN NAME OF MOTHER: Martha Clifford.
13 BIRTHPLACE OF MOTHER (State or country): Harrison, co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dovie Florence,
(Address) Lexington, Ky.

15 Filed Dec 12 1917 Jno. G. Pope REGISTRAR

11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec. 11, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec-4, 1917, to Dec 11, 1917, that I last saw him alive on Dec-11, 1917, and that death occurred on the date stated above at 5 P.m. The CAUSE OF DEATH* was as follows:

[redacted]
Pneumonia Bronchial
(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.

(Signed) O L Samuels, M. D.
Dec 11, 1917 (Address) Cynthiana Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (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. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Battle Grove Cemetery
DATE OF BURIAL: Dec. 12, 1917

20 UNDERTAKER: RL B. Whaley
ADDRESS: Cynthiana, Ky

should state CAUSE OF DEATH ... plain terms, and must not ... CUPATION is very important. See instructions on back of certificate.