

FORM V. 9, 1-200 N. 10-18-10

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

1 PLACE OF DEATH
County Woodford
Vol. Pat. Westonsville
Inc. Town.....
City..... (No..... St.)..... Ward.....

Reg Dist No 1181 File No. 5870
" " " " 1913 Registered No. 12

2 FULL NAME Esbert French

3 PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If in the word) Single

7 DATE OF BIRTH May 15th 1907
(Month) (Day) (Year)

8 AGE 5-9 If LESS than 1 day... hrs. or... min.?

9 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) Harrison Co

11 NAME OF FATHER Hugh French

12 BIRTHPLACE OF FATHER (State or country) Robinson Co Ky

13 MAIDEN NAME OF MOTHER Savannah Clough

14 BIRTHPLACE OF MOTHER (State or country) Harrison Co Ky

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. B. Taylor
(Address) Versailles Ky

16 PLACE OF BURIAL OR REMOVAL Versailles Ky DATE OF BURIAL July 11th 1913

17 UNDERTAKER Samuel Taylor ADDRESS Versailles Ky

18 REGISTRAR

19 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 10, 1913
(Month) (Day) (Year)

11 I HEREBY CERTIFY that I attended deceased from July 13, 1913, to July 10, 1913
that I last saw him alive on July 10, 1913
and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Chronic tubercular
degeneration

(Duration) 2 yrs. mos. ds.

Contributory..... (Duration) yrs. mos. ds.

(Signed) A. Esbert M. D.
July 10, 1913 (Address) Westonsville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

(19) 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