

Glass, Alonzo 1915 - 1920

Georgetown Times – September 29, 1920

Alonzo Glass, five-year-old son of Mr. and Mrs. L. W. Glass, of near Porter, accidentally shot and killed himself last Thursday. While the child's parents were away from the house he took the loaded weapon from a drawer and pulled the trigger, the ball entering the head just above the eye. The burial took place Sunday in Porter cemetery, Rev. G. P. Sommons conducting the services.

Form V. S. 1-12m-4-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **23434**
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Scott
Vot. Pct. Parler Registration District No. 1031
Inc. Town _____ Primary Registration District No. 7228
City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Alonzo Glass

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced <u>Single</u>	16 DATE OF DEATH <u>Sept 23</u> , 192 <u>0</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased From <u>Sept 23</u> , 192 <u>0</u> , to <u>Sept 23</u> , 192 <u>0</u> , that I last saw him alive on <u>Sept 23</u> , 192 <u>0</u> , and that death occurred on the date stated above at <u>8 P.M.</u>	
6 DATE OF BIRTH <u>May</u> , 19 <u>15</u> (Month) (Day) (Year)			The CAUSE OF DEATH* was as follows: <u>Accidental gunshot wound</u> (Duration) <u>4 hours</u> yrs. mos. ds.		
7 AGE <u>17</u> yrs. <u>4</u> mos. <u>0</u> ds.			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____			(Signed) <u>M. S. Alphin</u> , M. D. <u>Sept 24</u> , 192 <u>0</u> (Address) <u>Scottsville</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
9 BIRTHPLACE (State or country) <u>Ky</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the State _____ of death _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____ if not at place of death? _____ Former or usual residence _____		
PARENTS	10 NAME OF FATHER <u>Louis Glass</u>		19 PLACE OF BURIAL OR REMOVAL <u>Scottsville</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>		DATE OF BURIAL <u>Sept 24</u> , 192 <u>0</u>		
	12 MAIDEN NAME OF MOTHER <u>Pearlie Johnson</u>		20 UNDERTAKER <u>W. M. Grubbs</u> ADDRESS <u>Scottsville</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>			14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant) <u>James Pettit</u> (Address) <u>Scottsville</u>		
15 Filed <u>1912</u> , 192 <u>0</u> <u>Scottsville</u> Registrar					

11-3194

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.