

FORM V - 1-8008 3-29-12
 Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
 35381
 1 PLACE OF DEATH
 County Letcher File No.
 Vol. na 2 Registration District No. 680 Registered No. 95
 Inc. Town Hospital Primary Registration District No. 6672
 City (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 2 FULL NAME Lester Baker Lawson

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 (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Nov 20</u> 191 <u>8</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 21</u> , 191 <u>8</u> , to <u>Nov 25</u> , 191 <u>8</u> , that I last saw him alive on <u>Nov 25</u> , 191 <u>8</u> , and that death occurred on the date stated above at <u>4:30</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>
6 DATE OF BIRTH, 1..... (Month) (Day) (Year)	7 AGE yrs. mos. 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)	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	
9 BIRTHPLACE (State or country) <u>Letcher Co</u>	10 NAME OF FATHER <u>Burgess Lawson</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	19 PLACE OF BURIAL OR REMOVAL <u>Palmer Springs Cemetery Nov 26, 1918</u>	20 UNDERTAKER <u>J. L. Keazley</u> <u>Stanford Ky</u>
12 MAIDEN NAME OF MOTHER <u>Martha</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Burgess Lawson</u> (Address)	21 PLACE OF BURIAL OR REMOVAL <u>Palmer Springs Cemetery Nov 26, 1918</u>	
15 Filed <u>11-26</u> , 191 <u>8</u> <u>Emma H. Hays</u> REGISTRAR				

11-3184

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.