

Layart, Albert 1926 - 1926

Form V. S. 1-50m-10-23-25		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS		File No. <u>15117</u>
1 YEAR OF DEATH		CERTIFICATE OF DEATH		Registered No. <u>58</u>
County <u>Harrison</u>	Vot. Pot. <u>Ballot</u>	Registration District No. <u>670</u>		
Inc. Town <u>Lynchiana</u>	Primary Registration District No. <u>2240</u>			
City <u>Lynchiana</u>	(No. _____ St. _____ Ward _____) (If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Albert B. Layart</u>				
(a) Residence. No. _____ St. _____ Ward. _____ (Usual place of abode) (If nonresident, give city or town and State)				
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Widowed <input type="checkbox"/> or Divorced <input type="checkbox"/> (Write the word)	16 DATE OF DEATH <u>June 25, 1926</u> (Month) (Day) (Year)	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from <u>June 22, 1926</u> , to <u>June 22, 1926</u> that I last saw him alive on <u>June 22, 1926</u> and that death occurred on the date stated above at <u>7:30 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Velocity of fresh fracture (Blue Ribby)</u> (Duration) _____ yrs. _____ mos. _____ ds.	
6 DATE OF BIRTH <u>June 22, 1926</u> (Month) (Day) (Year)			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>W. M. Manning, M. D.</u> <u>6-22, 1926</u> (Address) <u>Cynthiana Ky.</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Infant</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
9 BIRTHPLACE (city or town) <u>Lynchiana</u> (State or country) <u>Kentucky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Battle Grove Cemetery</u> DATE OF BURIAL <u>June 25, 1926</u>	
PARENTS	10 NAME OF FATHER <u>Harry Layart</u>		20 UNDERTAKER <u>Smith-Russ Co</u> ADDRESS <u>Lynchiana Ky.</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Kentucky</u> (State or country)			
	13 MAIDEN NAME OF MOTHER <u>Ruth M. Walker</u>			
	12 BIRTHPLACE OF MOTHER (city or town) <u>Ohio</u> (State or country)			
14 (Informant) <u>Harry Layart</u> (Address) <u>city</u>				
15 Filed <u>6-23, 1926</u> <u>Wm A. Duce</u> Registrar				