

Yount, Louis Henry 1911-1914

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

1 PLACE OF DEATH  
County Shelby Registration District No. 7566 File No. 14 11330  
Vol. Pot. Cropker Primary Registration District No. \_\_\_\_\_ Registered No. 30  
Inc. Town \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2 FULL NAME Louis Henry Yount [If death occurred in a hospital or institution, give its NAME instead of street and number.]

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>Child</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Apr 20, 1914</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Sept 11, 1911</u> <small>(Month) (Day) (Year)</small>	7 AGE <u>2</u> yrs. <u>7</u> mos. <u>7</u> ds. <small>IF LESS than 1 day... hrs. or... min.?</small>	8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Child at Home</u> (b) General nature of industry, business or establishment in which employed (or employer)	17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 26, 1914</u> , to <u>Apr 28, 1914</u> , that I last saw him alive on <u>Apr 20, 1914</u> , and that death occurred on the date stated above at <u>2 P.M.</u> The CAUSE OF DEATH was as follows: <u>Cerebral spinal Meningitis</u> <small>(Duration) ... yrs. ... mos. <u>2</u> ds.</small>	
9 BIRTHPLACE (State or country) <u>Shelby</u>	10 NAME OF FATHER <u>Otto Yount</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Shelby</u>	Contributory (SECONDARY) <small>(Duration) ... yrs. ... mos. ... ds.</small>	
	12 MAIDEN NAME OF MOTHER <u>Anna Summers</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Jefferson</u>	(Signed) <u>J. F. Garway</u> , M. D. <u>May 1, 1914</u> (Address) <u>Cropker, Ky.</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>R. T. Randgaway</u> (Address) <u>Cropker, Ky.</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence	
15 Filed _____, 191 <u>4</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Cropker</u>	DATE OF BURIAL <u>May 1, 1914</u>
			20 UNDERTAKER <u>None</u>	ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should indicate 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.