

Yount, Otto 1890 -1937

Form V. S. 1-A
 1. PLACE OF DEATH
 County Shelby
 Vol. Pct. Cropper
 Inc. Town _____
 City _____

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 File No. _____
 Registered No. 1347

Registration District No. 1347
 Primary Registration District No. 2790

2. FULL NAME Otto Yount
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

(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, Married, Widowed, Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>7-30</u> , 19 <u>37</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Anna Summers</u>				22. HEREBY CERTIFY, That I attended deceased from <u>July 28</u> , 19 <u>37</u> to <u>July 30</u> , 19 <u>37</u> . last saw him alive on <u>July 28</u> , 19 <u>37</u> at <u>7:30</u> p.m. in said to have occurred on the date stated above, at <u>7:30</u> p.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Acute gastritis 7/30/37</u> <u>gastro hemorrhage 7/30/37</u>	
6. DATE OF BIRTH <u>Aug 15</u>				Date of onset	
7. AGE Years <u>46</u> Months <u>11</u> Days <u>15</u>		If LESS than 1 day, hrs. or, min.		Contributory causes of importance not related to principal cause: <u>Partaking of Poison</u> <u>suicidal intent</u> 7/30/37	
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Painter</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? <u>Cropper, Ky</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE <u>Cropper Shelby Co Ky</u>				Manner of injury _____	
13. NAME <u>Walker Yount</u>				Nature of injury _____	
14. BIRTHPLACE <u>Kentucky</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
15. MAIDEN NAME <u>Minnie Banta</u>				(Signed) <u>Wm. H. Klein</u> , M. D. (Address) <u>Cropper, Ky</u>	
16. BIRTHPLACE <u>Kentucky</u>					
17. INFORMANT <u>Mrs. Anna Yount</u> (Address) <u>Cropper Kentucky</u>					
18. BURIAL / CREMATION OR REMOVAL Place <u>Cropper Ky</u> Date <u>Aug. 1</u> , 19 <u>37</u>					
19. UNDERTAKER <u>Wm. Carter Clark</u> (Address) <u>Leasurville Ky</u>					
20. FILED <u>8-5</u> , 19 <u>37</u> <u>Paula Black</u> Registrar					

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.