

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.

Form V. S. 1-125m-6-19-19

1 PLACE OF DEATH

County SumnerVol. Pct. 24

Inc. Town

City

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 884Primary Registration District No. 6199

(No. St. Ward)

File No. 23516
279

Registered No.

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

2 FULL NAME Joan Day

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH March 23 1897
(Month) (Day) (Year)7 AGE 67 yrs. 6 mos. 7 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Day Labor
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Leke Day11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Sally Fields13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 10/5, 1927 R B Caudin
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Oct 4, 1927, that I last saw him alive on Oct 4, 1927, and that death occurred on the date stated above at 11:00 m.

The CAUSE OF DEATH* was as follows:

Industrial Inagination
(Duration) yrs. mos. ds.Contributory (Secondary) Industrial Inagination
(Duration) yrs. mos. ds.(Signed) W. H. 12-12, 1927 (Address) 12-12

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death yrs. mos. ds. In the State yrs. mos. d. Where was disease contracted,

if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

U.S. 11-0, 1927

20 UNDERTAKER ADDRESS

R B Caudin Blackey