

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

PLACE OF DEATH

County Muhlenburg

Vot. Pot. K.

Inc. Town

City

7128

File No. 19286

Registered No.
[If death occurred in a hospital or institution give its name (instead of street and number.)]

FULL NAME Cidney Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH (Month) (Day) (Year) <u>1</u>		
AGE <u>8</u> yrs. <u>8</u> mos. <u>20</u> ds.		IF LESS than 1 day....hrs. or....min.?
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (State or country) <u>Ky.</u>		
PARENTS	10 NAME OF FATHER <u>J. D. Campfield</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Ida Shear</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
.....
(Month) (Day) (Year)
7 11 1914

11 I HEREBY CERTIFY, That I attended deceased from July 7, 1914, to July 11, 1914; that I last saw him alive on July 11, 1914, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral meningitis

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) E. M. Rowley, M. D.
July 12, 1914 (Address) Parsons

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(12) 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. D. Campfield
(Address) Mid River

15
Filed 7/12, 1914 M. E. Rowley, Registrar

10 PLACE OF BURIAL OR REMOVAL
Rochester, Ky.
10 UNDERTAKER
DATE OF BURIAL
July 12, 1914
ADDRESS

NOTE: PLACED IN FILE WITH OTHER DEATHS IN THIS COUNTY. THIS SHOULD BE CHECKED CAREFULLY. PERSONS SHOULD BE KEPT IN MIND OF INFORMATION IN THIS REPORT. See instructions on back of certificate.