

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11169

1 PLACE OF DEATH

County MuhlenbergVot. Pat. Emmis

Inc. Town.....

City.....

Registration District No. 1097Primary Registration District No. 2566

(No. .... St., ..... Ward)

File No. ....

Registered No. 67

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

2 FULL NAME Jay Carathers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>July 4<sup>th</sup> 1887</u> (Month) (Day) (Year)		
7 AGE <u>38</u> yrs. <u>9</u> mos. <u>9</u> ds.		IF LESS than 1 day..... hrs. or..... min?
8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... <u>Labo on farm</u>		
9 BIRTHPLACE (State or country) <u>Ky</u>		
PARENTS	10 NAME OF FATHER <u>Thos Carathers</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Courline Bradley</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jess Carathers(Address) Rochester Ky15 File April 18, 1926 by G. D. Fleming  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>April 13<sup>th</sup> 1926</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>April 5</u> , 192 <u>6</u> , to <u>April 13</u> , 192 <u>6</u> , that I last saw him alive on <u>April 12</u> , 192 <u>6</u> , and that death occurred on the date stated above at <u>5:00 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Flu</u> (Duration)..... yrs..... mos. <u>4</u> ds. Contributory <u>Lobar Pneumonia</u> (Secondary) (Duration)..... yrs..... mos. <u>9</u> ds. (Signed) <u>Henry Smith</u> M. D. <u>4-13-1926</u> (Address) <u>Rochester, Ky</u>
*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

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

at place ..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted,

if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <u>Dimmons Chapel</u>	DATE OF BURIAL <u>Apr 14, 1926</u>
20 UNDERTAKER <u>W. H. Wood</u>	ADDRESS <u>Rochester</u>

SEE INSTRUCTIONS FOR PREPARING THIS RECORD

BE CAREFUL WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 EXACTLY. PHYSICIANS SHOULD  
 BE CAREFULLY APPLIED. AGE SHOULD BE  
 STATE CAUSE OF DEATH IN PLAIN ENGLISH  
 VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.