

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

PLACE OF DEATH

County MitchellFile No. 12283

Vol. No.

Registration District No. 972Registered No. 23

Inc. Town

Beech Creek KyPrimary Registration District No. 71250

City

(No.)

St.

Ward

FULL NAME

Claud Key

If both occurred in a hospital or institution, give the full name of the hospital or institution.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Boy</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
DATE OF BIRTH <u>June 11</u>	15-1-1914 (Month) (Day) (Year)	
AGE <u>1</u> yrs. <u>15</u> mos. <u>15</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>Beech Creek Ky</u>		
NAME OF FATHER <u>W. C. Key</u>		
BIRTHPLACE OF FATHER (State or country) <u>Mitchell</u>		
Maiden Name of Mother <u>Matie Shammell</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Tate County</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Silas Landrum</u> (Address) <u>Beech Creek Ky</u>		
SIGNATURE OF DECEASED <u>J. L. Landrum</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>July 6</u> 1914 (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> 1914, to <u>July 6</u> 1914, that I last saw him alive on <u>July 1</u> 1914, and that death occurred on the date stated above at <u>8</u> p. m. THE CAUSE OF DEATH was as follows: <u>Cholera Infantum</u>	
(Duration) ... yrs. <u>1</u> mos. <u>4</u> ds.	
Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds. (Signed) <u>H. F. Whited</u> , M. D., 191... (Address) <u>Beech Creek Ky</u>	
*Under the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
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	
PLACE OF BURIAL OR REMOVAL <u>Myrtle Chapel</u> ADDRESS <u>L. F. Stewart</u>	DATE OF BURIAL <u>July 6</u> , 1914 ADDRESS <u>Beech Creek Ky</u>