

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 19
1922

Registered No. _____

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

PLACE OF DEATH

County MadisonVot. Prec. #32Registration District No. 1092Ine. Town BowdenPrimary Registration District No. 18280

City _____

Ward _____

2 FULL NAME Opimia M. Mayo

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widow
or Divorced
(Write the word)6 DATE OF BIRTH Jan 7 1924
(Month) (Day) (Year)7 AGE 2 yrs. 19 mos. 19 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)9 BIRTHPLACE (State or country) Bowden Ky10 NAME OF FATHER Hayd Mayo11 BIRTHPLACE OF FATHER (State or country) Todd Co Ky12 MAIDEN NAME OF MOTHER Anna Keenan13 BIRTHPLACE OF MOTHER (State or country) Bowden Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hayd Mayo(Address) Bowden Ky15 Filed 9/14 1924 W. Victor J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 26 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased Opimia M. Mayo from Aug 1 1924 to Aug 4 1924 that I last saw him live on Aug 4 1924 and that death occurred on the date stated above at 8 a.m.The CAUSE OF DEATH* was as follows:
Cholera Infantum
(Duration) 1 yrs. 1 mos. 1 ds.

Contributory (Secondary) _____

(Signed) W. Victor J. ... M. D.
8/27/24 (Address) Bowden Ky

*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 of death ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, _____

if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Forest Grove DATE OF BURIAL 8-27-2420 UNDERTAKER J. Kimmel ADDRESS Archway