

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

1 PLACE OF DEATH

County *Jefferson*
City *Creston*
Ino. Town *Creston*
City (No. St., Ward)

File No. *4-1-41-10*

Registered No.

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

2 FULL NAME *James Franklin Mayer*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

16 DATE OF DEATH *Nov 13, 1918*
(Month) (Day) (Year)

6 DATE OF BIRTH *July 31, 1892*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *Nov 10, 1918*, to *Nov 13, 1918*, that I last saw him alive on *Nov 13, 1918*, and that death occurred on the date stated above at *9 P.M.* The CAUSE OF DEATH* was as follows:

7 AGE *26 yrs. 3 mos. 15 ds.* IF LESS than 1 day ... hrs. or ... min.?

Pneumonia following influenza

8 OCCUPATION (a) Trade, profession, or particular kind of work. *Coal Miner* (b) General nature of industry business or establishment in which employed (or employer)

(Duration) ... yrs. ... mos. *3* ds.

9 BIRTHPLACE (State or country) *Ky.*

Contributory (SECONDARY) *Pneumonia*

10 NAME OF FATHER *Joe Mayer*

(Duration) ... yrs. ... mos. *3* ds.

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

(Signed) *LeRoy Willis*, M.D.
Nov 13, 1918 (Address) *Creston, Ky.*

12 MAIDEN NAME OF MOTHER *Janea Brignone*

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

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Geo. J. Debaurey*

Where was disease contracted, if not at place of death? Former or usual residence

(Address) *Sumner, Ky.*

19 PLACE OF BURIAL OR REMOVAL *Debaurey & J* DATE OF BURIAL *Nov 14, 1918*

15 Filed *11-14-18* 1918 *W.H. Moore*

20 UNDERTAKER *J.L. Thomas* ADDRESS *Creston*

REGISTRAR

N. B.—Every item of information should be carefully supplied. All 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.