

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 19County MartinVol. 122Registration District No. 1092

Registered No. _____

In. Town Couch ForkPrimary Registration District No. 68280

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

City _____ St. _____ Ward _____

3 FULL NAME Lemona Mayes

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH June 7 1904
(Month) (Day) (Year)7 AGE 2 yrs 2 mos 22 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) Bowling Ky10 NAME OF FATHER Hayes Mayes11 BIRTHPLACE OF FATHER (State or country) Gold Co Ky12 MAIDEN NAME OF MOTHER Marion Keenan13 BIRTHPLACE OF MOTHER (State or country) Bull Run Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hayes Mayes(Address) Bowling15 Filed 9/4 1924 Victor Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 29 24
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Aug 4 1924 that I last saw him alive on Aug 28 1924 and that death occurred on the date stated above at 8 a.m.The CAUSE OF DEATH* was as follows:
Cholera typhosa

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. H. White, M. D.
812 1/2 1924 (Address) Bowling 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. 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 Forest GroveDATE OF BURIAL 8-30-2420 UNDERTAKER J. K. KinnardADDRESS 124WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE 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.