

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

1 PLACE OF DEATH
County *Muhlenberg*
Vol. Pat. *Beech Creek, Ky. #22*
Inc. Town *Beech Creek, Ky.*
City (No) St. Ward

25736

File No.

Registered No. *32*

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

2 FULL NAME. *Ida Lee Stone*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*
6 DATE OF BIRTH *Apr 13, 1913*
(Month) (Day) (Year)
7 AGE *3 yrs. 3 mos. 28 ds.* If LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Muhlenberg Co, Ky*

PARENTS
10 NAME OF FATHER *Calmer V. Stone*
11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co, Ky*
12 MAIDEN NAME OF MOTHER *Ida Roach*
13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co, Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. R. Kirby*
(Address) *Beech Creek, Ky*

15

Filed *11-3, 1913* *J. R. Kimball*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 10, 1913*
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from *July 25, 1913*, to *Aug 10, 1913*, that I last saw him alive on *Aug 10, 1913*, and that death occurred, on the date stated above, at *2 P.M.*

The CAUSE OF DEATH was as follows:
Cholera Infantum
(Duration) yrs. mos. *1 ds.*

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) *H. F. Whites* M. D.
, 191... (Address) *Beech Creek, 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 REGENT 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 DATE OF BURIAL

8/11, 1913
20 UNDERTAKER *P. A. Fosythe* ADDRESS *York, Ky*

DELAY

WRITE PLAINLY, WITH SPARING INK—THIS IS A PERMANENT RECORD

2. 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.