

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

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. _____
 Inc. Town So. Carrollton
 City _____ (No. _____ St.; _____ Ward)

File No. 31808

Registered No. _____

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

2 FULL NAME (Baby) Vannmeter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If/ife the word) single

6 DATE OF BIRTH 12 10 1911
 (Month) (Day) (Year)

7 AGE 1 yrs. 0 mos. 1 h. 0 min. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

PARENTS

10 NAME OF FATHER Wm Vannmeter

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Lemona Corliss

13 BIRTHPLACE OF MOTHER (State or country) Mo. Iron Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Vannmeter
 (Address) So. Carrollton 14

15 Filed 12/29 1912 Carl Hooper
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 26 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12/20 1912, to 12/26 1912, that I last saw him alive on Dec 12 1912, and that death occurred, on the date stated above, at 5 AM.
 The CAUSE OF DEATH* was as follows:
Convulsion

Contributory Acute Nephritis
 (Duration) yrs. mos. ds.

(Signed) J. H. Taylor, M. D.
12/29 1912 (Address) So. Carrollton

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

(15) 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 _____

18 PLACE OF BURIAL OR REMOVAL So. Carrollton 14 DATE OF BURIAL 12/29 1912

19 UNDERTAKER W. C. Hooper ADDRESS So. Carrollton

U. S. 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.