

CERTIFICATE OF DEATH

State File No. 4365Registrar's No. 984Registration District No. 758Primary Registration District No. 2275

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Louisville
 (c) Name of hospital or institution: 1027 Cherokee Rd.
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Jefferson
 (c) City or town Louisville
 (If outside city or town limits, write RURAL)
 (d) Street No. 1027 Cherokee Rd.
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A? 82-2 years

3(a) FULL NAME Morton Kingsley Yonts

3(b) If veteran, _____

3(c) Social Security

Name war _____

No. _____

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Widower

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE: about 72 Years Months Days If less than one day hr. _____ min.9. Birthplace Greenville, Ky.10. Usual occupation Retired Attorney

11. Industry or business _____

FATHER { 12. Name Joseph Yonts13. Birthplace Ky.MOTHER { 14. Maiden name ?

15. Birthplace _____

16(a) Informant's own signature Thomas Yonts(b) Address Richmond, Va.

17. BURIAL, TOMBS, OR REMOVAL

Place Frankfort, Ky. Date Feb. 24, 194418(a) Signature of funeral director T. Harrison(b) Address 1310 S. Third St.19(a) FEB 25 1944

(Date received by local registrar)

(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 194421. I hereby certify that I attended the deceased from Feb 22 1944 to Feb 21 1944 that I last saw him alive on Feb 21 1944 and that death occurred on the date stated above at 6:00 A.M.Immediate cause of death Cerebral hemorrhageDue to ArteriosclerosisOther conditions Chronic Arthritis
Asthma
(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature M.D. CookAddress 47 Brown Ridge (M. D. or other) signed 2/24/44

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.