

42916

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

1 PLACE OF DEATH

County *of Muhlenberg*

Vet. Post *121*

Ino. Town *Cleaton Ky*

City (No)

Registration District No. *7135*

Primary Registration District No.

File No.

Registered No. *49*

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

2 FULL NAME *Lemmie Paul Yontz*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Aug 31 1918*
(Month) (Day) (Year)

6 DATE OF BIRTH *May 29 1885*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 5, 1918, to Aug 31, 1918*, that I last saw him alive on *Aug 31, 1918*, and that death occurred on the date stated above at *10:05* P.M. The CAUSE OF DEATH* was as follows:
Gastro-Enteritis

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

..... (Duration) yrs. mos. *2* ... ds.

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

..... (Duration) yrs. mos. *2* ... ds.

9 BIRTHPLACE (State or country) *Ky.*

Contributory (secondary)

..... (Duration) *1* yrs. mos. ds.

10 NAME OF FATHER *Herbert Yontz*

(Signed) *Le Roy Wilkie*, M. D.

Aug 31, 1918 (Address) *Cleaton Ky*

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

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

12 MAIDEN NAME OF MOTHER *Leticia Shemwell*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TENEMENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Where was disease contracted, if not at place of death?

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Herbert Yontz*

19 PLACE OF BURIAL OR REMOVAL *Wickliffe Burial*

DATE OF BURIAL *9-1, 1918*

(Address) *Cleaton Ky*

15 Filed *9-1, 1918* *W. H. Moore* REGISTRAR

20 UNDERTAKER *J. L. Thomas*

ADDRESS *Cleaton Ky*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.