

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Warren

Vot. Pct. Richmondville Reg. Dist. no. 7748

Inc. Town _____

City _____ (No. _____) St. _____ Ward _____

File No. 32671

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

DATE OF DEATH Dec. 25, 1911
(Month) (Day) (Year)

DATE OF BIRTH Oct. 1, 1882
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1911 to Dec. 25, 1911,

AGE 29 yrs. 2 mos. 0 ds. If LESS than 1 day... hrs. or... min.?

that I last saw him alive on Dec. 25, 1911, and that death occurred, on the date stated above, at 11:30 P.M.

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

The CAUSE OF DEATH* was as follows:
Revolver wound on head - Homicide

BIRTHPLACE (State or country) Kentucky

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

NAME OF FATHER Calvin A. Alford

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

BIRTHPLACE OF FATHER (State or country) Kentucky

(Signed) C. E. Francis M. D.
Dec. 29, 1911 (Address) Richmondville Ky

MAIDEN NAME OF MOTHER Malissa Hoff

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

BIRTHPLACE OF MOTHER (State or country) Kentucky

(3) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, If not at place of death? _____ Former or usual residence _____

(Informant) S. Longy Alford
(Address) Richmondville Ky

PLACE OF BURIAL OR REMOVAL Green Castle Ky DATE OF BURIAL Dec. 27, 1911

FILED Dec. 29, 1911 John A. Francis REGISTRAR

UNDERTAKER John Alford ADDRESS Richmondville Ky

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

M. 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.