

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Warren
Vot. Pct. Richardson
Inc. Town —
City — (No. — St., — Ward)

Registration District No. —
Primary Registration District No. 1412

File No. 2482
Registered No. —
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Flango Alford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE white
5 Single Married Widowed or Divorced
(Write the word)

6 DATE OF BIRTH June 24 1873
(Month) (Day) (Year)

7 AGE 48 yrs. 10 mos. 11 ds.
IF LESS than 1 day — hrs. or — min?

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

9 BIRTHPLACE (State or country) Ohio O. Ky.

10 NAME OF FATHER Calvin Alford

11 BIRTHPLACE OF FATHER (State or country) Warren Co. Ky.

12 MAIDEN NAME OF MOTHER Mollie Goff

13 BIRTHPLACE OF MOTHER (State or country) Warren

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nokie B. Gill
(Address) Richmondville Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 24, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12th, 1926, to Jan. 24, 1926, that I last saw him alive on Jan. 23, 1926, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(Duration) — yrs. 12 mos. — ds.

Contributory (Secondary) —
(Duration) — yrs. — mos. — ds.

(Signed) Chas. E. Ferguson, M. D.
Jan. 24, 1926 (Address) Rowley, Ky.

*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) — in the place of death — yrs. — mos. — ds. 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
Not Buried | —, 192—

20 UNDERTAKER Service Co. ADDRESS Richmondville, Ky.

Filed —, 192— Registrar —

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

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

MARGIN RESERVED FOR BLEEDING