

1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1764

County Carter

File No. \_\_\_\_\_

Vol. Put AbertonsvilleRegistration District No. 826

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Homer Alford

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Married Widowed Divorced Ma: wife  
(Write the word)6a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 24 yrs. 3 mos. 11 da. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Bowling Green Ky  
(State or country)PARENTS  
10 NAME OF FATHER William Alford  
11 BIRTHPLACE OF FATHER (city or town) Ky  
(State or country)  
12 MAIDEN NAME OF MOTHER Margaret Johns  
13 BIRTHPLACE OF MOTHER (city or town) Ky  
(State or country)14 (Informant) Margie Cherry  
(Address) Bowling Green Ky15 DIED July 11 1930 Richardsville  
1930 Registrar

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH July 11 1930  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date stated above at 8:15 a.m.  
The CAUSE OF DEATH\* was as follows:Shot in back of head through the brain by Officer \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?  
(Signed) Undersigned by Dr. C. J. C. C. C. M. D.\_\_\_\_ 19\_\_\_\_ (Address) New Haven Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Bowling Green Ky. DATE OF BURIAL July 12 193020 UNDERTAKER Wally Thomas ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITHOUT UNFADING

N. 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.

THIS IS A PERMANENT RECORD

SEE INSTRUCTIONS FOR RECORDERS