

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32352

PLACE OF DEATH

County Ohio

Vot. Pct. W. Beaver Dam

Inc. Town Beaver Dam

City Beaver Dam

(No. Missouri St. Ward)

File No.

Registered No.

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

FULL NAME John F. Alford

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(If give the word)

DATE OF DEATH Dec 3, 1911
(Month) (Day) (Year)

DATE OF BIRTH Sept 20, 1859
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1911, to Dec 3, 1911,

AGE 52 yrs. 12 mos. 17 ds. If LESS than 1 day ... hrs. or ... min.?

that I last saw him alive on Dec 3, 1911, and that death occurred on the date stated above, at 2 P.M.

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

The CAUSE OF DEATH* was as follows:
Decrease of liver & placenta
from embolism
(Duration) 4 yrs. ... mos. ... ds.

BIRTHPLACE (State or country) Ohio Co. Ky.

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

PARENTS

10 NAME OF FATHER P. H. Alford

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

12 MAIDEN NAME OF MOTHER Nancy Smith

13 BIRTHPLACE OF MOTHER (State or country) Barren Co. Ky.

(Signed) S. D. Taylor, M. D.
Dec 3, 1911 (Address) Beaver Dam

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

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pete H. Alford
(Address) Beaver Dam, Ky.

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place ... In the ...
of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death?
Former or usual residence

15 Filed Dec 4th 1911 D. B. R. Woods REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Beaver Dam Cemetery DATE OF BURIAL Dec 4th 1911

20 UNDERTAKER J. F. Carlin ADDRESS Beaver Dam 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.