

1. PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS

File No. _____

County EdmonsonCERTIFICATE OF DEATH 426Registered No. 15Vot. Pct. LegalRegistration District No. 4461428

Inc. Town _____

Primary Registration District No. 4461428City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John L. Alford(a) Residence No. Legal 7 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Alford

6. DATE OF BIRTH

7. AGE
Years 65 Months 9 Days 13 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation all his life12. BIRTHPLACE Edmonson Co Ky13. NAME Bob Alford14. BIRTHPLACE Warren Co Ky15. MAIDEN NAME Mary Hoff16. BIRTHPLACE Ohio Co Ky17. INFORMANT Mary Alford(Address) Legal

18. BURIAL, CREMATION, OR REMOVAL

Place Legal Date 10/2 193119. UNDERTAKER C. S. Johnson(Address) Bedford Ave 1920. FILED Oct 5 1931 Mary Alford

Registered

(Address)

Mary Simon

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 1st 193122. I HEREBY CERTIFY, That I attended deceased from Sept 22 1931 to Oct 1st 1931I last saw him alive on Sept 22 1931, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia Date of onset Sept 22 1931Contributory causes of importance not related to principal cause: InfluenzaName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) John L. Alford M. D.(Address) Bedford Ave

MARGIN RESERVED FOR BINDING

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 IN VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IN VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.