

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33152

PLACE OF DEATH

County OhioVol. Pat. 11Inc. Town Horse BranchCity (No. 11)Registration District No. 6961Primary Registration Dist. No. 11File No. 6961Registered No. 11

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

: FULL NAME Peter Henderson Alford

PERSONAL AND STATISTICAL PARTICULARS

8 SEX <u>male</u>	1 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>
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6 DATE OF BIRTH <u>Apr 9 1861</u> (Month) (Day) (Year)
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7 AGE <u>68</u> yrs. <u>6</u> mos. <u>20</u> ds.	If LESS than 1 day... hrs. or... min. <u>4</u>
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8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

Merchant

9 BIRTHPLACE (State or country)

ky

10 NAME OF FATHER

Peter H Alford Sr

11 BIRTHPLACE OF FATHER (State or country)
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ky

12 MAIDEN NAME OF MOTHER

Nancy Smith

13 BIRTHPLACE OF MOTHER (State or country)
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ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Olivia Alford(Address) Horse Branch Ky

15 Filed 12 26 1929 M H Browder

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>Oct 29 1929</u> (Month) (Day) (Year)
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17 I HEREBY CERTIFY, That I attended deceased from July 17 1929, to Oct 29 1929

that I last saw him alive on 10/29 1929 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) ... yrs. ... mos. 2 ds.

Contributor arteriosclerosis in
(SECONDARY) (Duration) 6 yrs. ... mos. ... ds.

(Signed) Wm H. Alford, M. D.
11/3 1929 (Address) Bedford New Ky

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

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

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

19 PLACE OF BURIAL OR REMOVAL <u>Seach Court</u>	DATE OF BURIAL <u>Oct 30 1929</u>
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20 UNDERTAKER <u>Casbeer</u>	ADDRESS <u>Beaver Dam</u>
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BIRTH INFO - THIS IS A PERMANENT RECORD

- - - - - SEXUALLY TRANSMITTED

N. U. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exp. element of OCCUPATION is very important. See instructions back of certificate.