

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 5-21896

PLACE OF DEATH
County Rockcastle

Vot. Pct. A. M. Vernon³

Registration District No. 1903

Registered No. _____

Inc. Town _____ Primary Registration District No. 7304

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Harrison

(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. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec 24 1932
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Mrs. Mamie Harrison
(or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____
that I last saw h..... alive on _____, 19____

6 DATE OF BIRTH June 18 1857
(Month) (Day) (Year)

and that death occurred on the date stated above at 1000
The CAUSE OF DEATH* was as follows:

7 AGE 60 yrs. 6 mos. 6 ds.
IF LESS than 1
day _____ hrs.
or _____ min?

No Doctor
Out. died of heart failure
in open field.
(Duration) _____ yrs. _____ mos. _____ ds.

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

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

9 BIRTHPLACE (city or town) _____
(State or country)

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

10 NAME OF FATHER Billa Harrison

Did an operation precede death? _____ Date of _____

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Kentucky

Was there an autopsy? _____

12 MAIDEN NAME OF MOTHER Lizzie Cummins

What test confirmed diagnosis? _____
(Signed) J. H. Bowman M. D.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Kentucky

Dec. 24 1932 (Address) at 1000

14 (Informant) Bob Taylor
(Address) Mt. Vernon 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.)

15 Filed 117, 1933 J. H. Bowman
Registrar

19 PLACE OF BURIAL OR REMOVAL Taylor Cemetery DATE OF BURIAL Dec. 25 1932

20 UNDERTAKER W. A. Cox ADDRESS Mt. Vernon