

Form No. 1 (Revised 1933) See instructions on back of certificate.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Harlan Registration District No. 6125 File No. 6785
 Vol. No. No 8 A Primary Registration District No. VA Registered No. 15
 Inc. Town _____
 City _____ No. _____ St. _____ Ward _____
2 FULL NAME Hiram B. Howard

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(Write the word)</small>	6 DATE OF DEATH <u>March 26, 1915</u> <small>(Month) (Day) (Year)</small>	
7 DATE OF BIRTH <u>Nov. 23, 1837</u> <small>(Month) (Day) (Year)</small>			8 I HEREBY CERTIFY, That I attended deceased from <u>Feb 25, 1915</u> , to <u>March 26, 1915</u> , that I last saw him alive on <u>March 20, 1915</u> , and that death occurred on the date stated above at <u>3:30 p. m.</u> The CAUSE OF DEATH was as follows: <u>Apoplexy (Cerebral)</u>	
9 AGE <u>77 yrs. 4 mos. 3 ds.</u>		10 IF LESS than 1 day ... hrs. or ... min.?	11 (Duration) ... yrs. ... mos. ... ds. <u>23 ds.</u>	
11 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer)			12 CONTRIBUTORY (Cause) _____ (Duration) ... yrs. ... mos. ... ds. _____	
13 BIRTHPLACE (State or country) <u>Harlan Co., Ky.</u>			13 (Signed) <u>H. H. Howard, M. D.</u> <u>Apr. 1, 1915</u> (Address) <u>Wallins Creek, Ky.</u> <small>*With the Regular City and County, or, in Death from Tubercular Causes, also (1) Name of Agency and (2) Number of Certificate, if issued, in accordance with the Ordinance.</small>	
PARENTS	14 NAME OF FATHER <u>John Cony Howard</u>		14 LENGTH OF RESIDENCE (For hospitals, institutions, farm, ships or recent residents) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.	
	15 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		Where was disease contracted, if not at place of death? Former or usual residence _____	
	16 MAIDEN NAME OF MOTHER <u>Matilda Brown</u>		15 PLACE OF BURIAL OR REMOVAL <u>Wallins Creek, Ky.</u>	
	17 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>		DATE OF BURIAL <u>Mar 27, 1915</u>	
18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. H. Howard</u> (Address) <u>Wallins Creek, Ky.</u>			19 UNDERTAKER ADDRESS _____	
20 Filed <u>Mar 30, 1915</u> <u>Butler</u> Registrar				