

1 PLACE OF DEATH

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No.

County LaurelVol. IndependenceRegistration District 2066Registered No. 2124Inc. Town Bald RockPrimary Registration District No. 2066(If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number)City Bald Rock

(No. \_\_\_\_\_ Sts. \_\_\_\_\_ Ward)

3 FULL NAME Alexander Bolton

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male2 COLOR OR RACE White3 SINGLE  
Married Single  
Widowed  
or DIVORCED  
(Write the word)4 DATE OF BIRTH Feb 12 1899  
(Month) (Day) (Year)7 AGE 16 yrs 3 mos 20 ds  
IF LESS than 1  
day \_\_\_\_\_ hrs  
or \_\_\_\_\_ min8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Student  
(b) General nature of industry,  
business or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country) Laurel Co Ky10 NAME OF  
FATHER Alexander Bolton11 BIRTHPLACE  
OF FATHER  
(State or country) Tennessee12 MOTHER NAME  
OF MOTHER Law Johnson13 BIRTHPLACE  
OF MOTHER  
(State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charity Boyter(Address) Bald Rock Ky15 Filed July 4 1924 Mrs. C. E. Hale  
Registrar

## MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH June 1 1924  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased  
from \_\_\_\_\_ 192 to \_\_\_\_\_ 192

that I last saw him alive on \_\_\_\_\_ 192

and that death occurred on the date stated above at Bald Rock

The CAUSE OF DEATH\* was as follows:

Disregarded

\_\_\_\_\_

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary) \_\_\_\_\_

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.

\_\_\_\_\_ 192 (Address)

\*When the disease causing death, or, in death from violent  
causes state (1) means of injury; and (2) whether Accidental,  
Hospital or Homicidal.15 LENGTH OF RESIDENCE (or Hospital, Institution, Tran-  
sients or Recent Residential)

at place \_\_\_\_\_ in the

of death \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted;

If not at place of death?

Former or  
usual residence \_\_\_\_\_

16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

17 UNDERTAKER Presidents Chapel June 7, 1924ADDRESS Blain Bolton Corbin Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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. A statement of OCCUPATION is very important. See instructions on back of certificate.

MACHINE REPRODUCED FOR RECORDING

14446  
5-7924

2066