Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29453

1. PLACE OF DEATH

County Edmonson

Vot. Pct. Segal

Inc. Town

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

File No. _____

Registered No. _____

Registration District No. 425

Primary Registration District No. 5057

2. FULL NAME John F. Alford

(a) Residence. No. Asphalt, Ky. 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 M

4. COLOR OR RACE W

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Jones Alford

6. DATE OF BIRTH Oct 13, 1860

7. AGE Years 79 Months 2 Days 18 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. Own Farm

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE Edmonson Co.

13. NAME John F. Alford

14. BIRTHPLACE Edmonson Co.

15. MAIDEN NAME Chilot Raymer

16. BIRTHPLACE Edmonson

17. INFORMANT Geo. Glass

(Address) Nick, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Willis Date 1-2-40, 19__

19. UNDERTAKER Neighbor

(Address)

20. FILED 1-4, 1940 Nina Riggs
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 - 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__.
I last saw h__ alive on _____, 19__, 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:

Cerebral hemorrhage

Date of onset

Contributory causes of importance not related to principal cause:

Name 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) E. W. Jno. _____, M. D.

(Address) Brownsville, Ky.