

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

16561

1 PLACE OF DEATH

County Muhlenburg
Vet. Pot. Dr. Carrollton
Ino. Town.....
City..... (No..... St.,..... Ward)

Registration District No. 112
Primary Registration District No. 1085

File No.

Registered No.

[If death occurred in a hospital or institution, give its name instead of street and number.]

3 FULL NAME

John Latt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Aug 15 1887
(Month) (Day) (Year)

7 AGE 41 yrs. 11 mos. ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. At Home
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Moran Co Ky

PARENTS
10 NAME OF FATHER Chas Latt
11 BIRTHPLACE OF FATHER (State or country) Moran Co. Ky.
12 MAIDEN NAME OF MOTHER Ann Skits
13 BIRTHPLACE OF MOTHER (State or country) Moran Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Hoffman
(Address) Dr. Carrollton

15 Filed July 19 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 21 1927 to July 18 1927 that I last saw him alive on July 18 1927 and that death occurred on the date stated above at 7 P.M. The CAUSE OF DEATH was as follows:

Cancer of face + nose

(Duration) 9 yrs. mos. ds.

Contributory (SECONDARY) Nothing

(Duration) yrs. mos. ds.

(Signed) J. R. Harrell, M. D.
July 19, 1927 (Address) Dr. Carrollton

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS 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. State.... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Muhlenburg DATE OF BURIAL July 19 1927

20 UNDERTAKER Geo. Tucker ADDRESS Moran Ky

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

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 interpreted. Exact statement of OCCUPATION is very important. See instructions on back of certificate.