FORM V S 1-500M 6 20-11

Copy Original made out with lead pencil

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jeff

Vot. Pct. Valley

Registration District No. 556

File No. 15743

Inc. Town

Primary Registration District No. 6353

Registered No. 70

City

No. St., Ward)

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

2 FULL NAME Elisha Payton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Aug 12, 1867 (Month) (Day) (Year)

7 AGE 49 yrs. mos. ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Indiana

PARENTS

10 NAME OF FATHER Elisha Payton

11 BIRTHPLACE OF FATHER (State or country) Ind.

12 MAIDEN NAME OF MOTHER Jessie Hornbeck

13 BIRTHPLACE OF MOTHER (State or country) Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oliver Payton

(Address) Valley Sta., Ky

15

Filed .... 19.... Marie Murphy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1916, to June 2, 1916, that I last saw her alive on " 2, 1916, and that death occurred on the date stated above at 3 P.m. The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) D. S. Roberts, M. D.

6/3, 1916 (Address) West Point, Ky.

*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. In the State ..... yrs..... mos..... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Dry Ridge Cem.

DATE OF BURIAL 6/3, 1916

20 UNDERTAKER B. L. Perry

ADDRESS West Point, Ky

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

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

11—3184