

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

1 PLACE OF DEATH
County Campbell File No. 14427
Vot. Pot. Registration District No. 135 Registered No. 63
Inc. Town Primary Registration District No. 2092
City Dayton (No. Spens Hospital St. Ward)
2 FULL NAME Elbert M. Hunt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16. DATE OF DEATH <u>June 28, 1912</u>	
6 DATE OF BIRTH <u>April 22, 1844</u>			17. I HEREBY CERTIFY, That I attended deceased from <u>July 2, 1912</u> , to <u>June 28, 1912</u> , and that I last saw him alive on <u>June 27, 1912</u> , and that death occurred on the date stated above at <u>7:30</u> p.m. The CAUSE OF DEATH* was as follows: <u>Bright's Disease</u>	
7 AGE <u>68</u> yrs. <u>2</u> mos. <u>6</u> ds.			18. (Duration) . . . yrs. . . mos. . . ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Street Worker</u> <u>Brick & Stone Mason</u>			19. (Signed) <u>F. H. Steub</u> , M. D. <u>6/28, 1912</u> (Address) <u>Newport, Ky</u>	
9 BIRTHPLACE (State or country) <u>Westfield, Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
10 NAME OF FATHER <u>Don't know</u>			20. 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 <u>Newport, Ky</u>	
11 BIRTHPLACE OF FATHER (State or country)			21. PLACE OF BURIAL OR REMOVAL <u>Evangelical Cemetery</u>	
12 MAIDEN NAME OF MOTHER			DATE OF BURIAL <u>July 1, 1912</u>	
13 BIRTHPLACE OF MOTHER (State or country)			22. UNDERTAKER <u>W. Embree Newport, Ky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Mary Hunt</u>				
(Address) <u>101 Clark St</u>				
15 Filed <u>June 28, 1912</u> by <u>G. H. Stubble</u> REGISTRAR				

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. 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

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