

FORM No. 2, 1-200 Ed. 10-10-10

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

PLACE OF DEATH
County Shelby
Vot. Prec. Cropper
Inc. Town

7566

File No. 6 27047

Registered No. 2066

City (No. St. Ward)

[If death occurred in a hospital or institution, give the NAME (instead of street and number.)

FULL NAME James Monroe Flood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED widower
(Write the word)

DATE OF DEATH 7 10-12, 1911
(Month) (Day) (Year)

DATE OF BIRTH Nov 25, 1825
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1911, to Oct 12, 1911,

AGE 86 yrs. 6 mos. 17 ds. If LESS than 1 day... hrs. or... min.?

that I last saw him alive on Oct 12, 1911, and that death occurred, on the date stated above, at 7:30 p.m.

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

The CAUSE OF DEATH* was as follows:

Acute Uremia

BIRTHPLACE (state or country) Shelby Co Ky

(Duration) ... yrs. ... mos. 2 ds.

NAME OF FATHER William Flood

Contributory Chronic nephritis
(Secondary)

BIRTHPLACE OF FATHER (State or country) Virginia

(Duration) ... yrs. ... mos. ... ds.

MAIDEN NAME OF MOTHER Mary Jones

(Signed) D. J. Norris, M. D.
191... (Address) Cropper Ky

BIRTHPLACE OF MOTHER (State or country) Va

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laura Bellwood
(Address) Cropper Ky

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?

FILED Oct 13, 1911 H. P. Jones
REGISTRAR

PLACE OF BURIAL OR REMOVAL Mooreville Ky DATE OF BURIAL 10/14, 1911

UNDERTAKER McCarthy Prokett Emergency
ADDRESS