

Form V. B. 1-54a-4-25-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9819

1 PLACE OF DEATH
County Jefferson
City Louisville
Registration District No. 766
Primary Registration District No. 8055

2 FULL NAME Richard D. James
(a) Residence, No. Maplewood Lane, Ward.
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State) How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6a If married, widowed, or divorced HUSBAND of Elizabeth James
(or) WIFE of
6 DATE OF BIRTH Dec 6 1893
7 AGE 91 yrs. 4 mos. 6 ds.
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Apr 12 1928
11 I HEREBY CERTIFY, That I attended deceased from Apr 7, 1928 to April 12, 1928 that I last saw him alive on 11 1928 and that death occurred on the date stated above at 9 A.M.
12 THE CAUSE OF DEATH* was as follows: Chronic Myocarditis
Contributory (Duration) yrs. mos. ds.
Secondary (Duration) yrs. mos. ds.

13 WHERE WAS DISEASE CONTRACTED If not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) J. V. Hull M. D. Apr 2, 1928 (Address) Brown Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

14 (Informant) Bennett D. James (Address) See See Valley Ky
15 FILED Apr 13 1928 Dan W. Wren Registrar
16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cave Hill Cemetery Apr 13 1928
17 UNDERTAKER John H. Manning City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state the cause of death in plain terms, so that it may be properly classified. Each statement of OCCUPATION in very important. See instructions on back of certificate.

Kentucky, Death Records, 1852-1965 for Harriett Glasscock

Record Index

Name: Harriett Glasscock
Maiden Name:
Gender: Female
Race:
Residence Age:
Death Age:
Birth Date:
Birth Place: Virginia
Residence Place:
Death Date:
Death Place:
Father:
Mother:
Spouse: Henry Games
Child: Richard H Games
Certificate Number:

Source Information

Record Url: <https://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=KYdeaths&h=751433936>
Source Citation: Kentucky Department for Libraries and Archives; Frankfort, Kentucky
Source Information: Ancestry.com. *Kentucky, Death Records, 1852-1965* [database on-line]. Lehi, UT, USA: Ancestry.com Operations Inc, 2007. Original data: Kentucky. *Kentucky Birth, Marriage and Death Records - Microfilm (1852-1910)*. Microfilm rolls #994027-994058. Kentucky Department for Libraries and Archives, Frankfort, Kentucky. *Kentucky Birth and Death Records: Covington, Lexington, Louisville, and Newport - Microfilm (before 1911)*. Microfilm rolls #7007125-7007131, 7011804-7011813, 7012974-7013570, 7015456-7015462. Kentucky Department for Libraries and Archives, Frankfort, Kentucky. *Kentucky Vital Statistics Original Death Certificates - Microfilm (1911-1964)*. Microfilm rolls #7016130-7041803. Kentucky Department for Libraries and Archives, Frankfort, Kentucky.