Form V. S. 1-A—50m—1-18-31

21067

1. PLACE OF DEATH

County Shelby

Vot. Pct. 20

Ins. Town

City Middletown (No. ... St., ... Ward)

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

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

Registration District No. 20

Primary Registration District No. 2020

File No. ...

Registered No. ...

2. FULL NAME Harden Morley Hairston

(a) Residence. No. 512 Worcester Ave. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
Husband of (or) Wife of

6. DATE OF BIRTH Nov 25 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	81	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ... Total time (years) spent in this occupation ...

11. BIRTHPLACE (city or town) (State or country) Nelson Co Kentucky

MOTHER, FATHER

12. NAME Mr Peter C. Hairston

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME Virginia W. Morley

15. BIRTHPLACE (city or town) (State or country) Virginia

16. INFORMANT (Address) Mrs Thos Whitfield Middletown, Ky

17. BURIAL, CREMATION, OR REMOVAL Crawford Mem Park Date 1-20 1931

18. UNDERTAKER (Address) W. Rahlmann & Son Louisville Ky

19. FILED 1-21, 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to Jan 18, 1931

I last saw him alive on Jan 7, 1931, death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Chronic Interstitial Nephritis, 1 yr	1928
Contributory causes of importance not related to principal cause:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) Middletown Ky

Mr. H. 4.85.