

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

6561

1 PLACE OF DEATH

County Adair

Vot. Pot.

Ino. Town Casy Creek, Ky

City

2 FULL NAME Hilbie R Raimonte

File No. [REDACTED]

Registered No. [REDACTED]

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH July 4 - 1914
(Month) (Day) (Year)

7 AGE 7 yrs. 8 mos. 7 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Adair Co., Ky

PARENTS

10 NAME OF FATHER Scott Raimonte

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Nancy Linda Carter

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Giles R Raimonte
(Address) Casy Creek, Ky

15 Filed 3-11-1920 A. H. [REDACTED] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1920, to March 9, 1920, that I last saw him alive on March 9, 1920,

and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH* was as follows:

on 7 Feb followed with Bronchial Pneumonia
This child has been a patient from birth never could walk or talk
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. G. G. Abbott, M. D.
March 11, 1920 (Address) Casy Creek, 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)

A: 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 J. R. Raimonte and [REDACTED] DATE OF BURIAL March 12, 1920

20 UNDERTAKER John H. Brown ADDRESS Casy Creek, Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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 understood. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#1866