

WRITE PLAIN, 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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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

1 PLACE OF DEATH
County Franklin
Vot. of Home State
Inc. Town Frankfort
City Frankfort
2 FULL NAME William Henry Polagore
Registration District No. 260
Primary Registration District No. 2110
No. Not set St. 3 Ward
File No. 7384
Registered No. 72
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
6 DATE OF BIRTH April 1, 1837
7 AGE 80 yrs. 11 mos. 31 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) Not Farmer
9 BIRTHPLACE (State or country) Franklin Co
10 NAME OF FATHER Jacob Polagore
11 BIRTHPLACE OF FATHER (State or country) Franklin Co
12 MAIDEN NAME OF MOTHER Jennie Barrod
13 BIRTHPLACE OF MOTHER (State or country) Not known
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. H. R. Lewis
(Address) Frankfort Ky
15 Filed April 3, 1917 Lizzie L. L. L. Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March 31, 1917
17 I HEREBY CERTIFY, That I attended deceased from March 3, 1917, to March 31, 1917, that I last saw him alive on March 31, 1917, and that death occurred on the date stated above at 8 P.M. The CAUSE OF DEATH was as follows:
Pneumonia with Effusion
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary) Emphysema (Duration) ... yrs. ... mos. 20 ds.
(Signed) W. H. L. L., M. D.
March 31, 1917 (Address) Frankfort, Ky.
*State the DISORDER 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)
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
19 PLACE OF BURIAL OR REMOVAL Frankfort Cemetery DATE OF BURIAL April 3, 1917
20 UNDERTAKER W. H. L. L. ADDRESS Frankfort Ky

MARGIN RESERVED FOR BINDING
WRITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD