

Registrar of Vital Statistics

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1211050

FORM VS 1-500M 2-29-12

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

1 PLACE OF DEATH

County Adair
Vot. Prec. Little Lake

Registration District No. 5010
Primary Registration District No. 10

File No. 12827
Registered No. 10

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

Ino. Town..... City..... (No..... St.,..... Ward)

2 FULL NAME George W. Adkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Jan. 14, 1868
(Month) (Day) (Year)

7 AGE 57 yrs. 7 mos. 20 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER G. W. Adkins

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Cora Kerns (Address) Edla Ky.)

15 Filled 5/29, 1917 J. D. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from....., 191....., to....., 191.....

that I last saw h..... alive on....., 191..... and that death occurred on the date stated above at 2 a.m. The CAUSE OF DEATH was as follows:

Had no doctor
Convulsions

(Duration) 30 yrs. mos. ds.

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

(Signed) Joe Goodin, M. D. May 5, 1917 (Address) Edla 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) At 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 Tabernacle DATE OF BURIAL May 5, 1917

20 UNDERTAKER Joe Goodin ADDRESS Edla Ky.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Gary L. Kupchinsky, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 28th day of SEP 2017.

Gary L. Kupchinsky

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