

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

Vol. 22  
File No. 10772  
Registered No. 10

1 PLACE OF DEATH  
County Woolverton  
Vet. Post Go Cabot Co Registration District No. 1045  
Inc. Town \_\_\_\_\_ Primary Registration District No. 2038  
City Colburn miss (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
*If death occurred in a hospital or institution, give its NAME instead of street and number.*

2 FULL NAME E. S. Alexander  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>male</u>	4 COLOR OR RACE <u>col</u>	5 Single Married Widowed or Divorced (Write the word)
5a If married, widowed, or divorced HUSBAND of <u>widowed</u> (or) WIFE of _____		
6 DATE OF BIRTH <u>Sept 7 1880</u> (Month) (Day) (Year)		
7 AGE <u>42</u> yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>coal miner</u> (b) General nature of industry, business or establishment in which employed (or employer) _____		
9 BIRTHPLACE (city or town) <u>Colburn miss</u> (State or country)		

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>Sept 28 1925</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY That I attended deceased from <u>Sept 28</u> , 19 <u>25</u> , to <u>March 19 1925</u> that I last saw him alive on <u>Sept 29</u> , 19 <u>25</u> , and that death occurred on the date stated above at <u>ST. M.</u> The CAUSE OF DEATH* was as follows: <u>Poisoning from drinking bad whiskey which set off cerebral fever symptoms</u> Contributory <u>Nervous Prostration</u> (Duration) _____ yrs. _____ mos. <u>2</u> ds. (Secondary) _____ (Duration) _____ yrs. _____ mos. <u>2</u> ds.	
18 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: <u>Toxic</u> (Signed) <u>H. T. Bailey</u> M. D. <u>Sept 31, 1925</u> (Address) <u>Central City Ky</u>	

PARENTS	10 NAME OF FATHER <u>James Alexander</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Colburn miss</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Martha Alexander</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>unknown</u> (State or country)
14 (Informant) <u>Forest Alexander</u> (Address) <u>Mogg. Ky</u>	
15 Filled _____, 19 _____	Registrar <u>James E. Lynch</u>

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<u>South Landon Ky</u>	<u>April 19 25</u>
20 UNDERTAKER	ADDRESS
<u>James E. Lynch</u>	

WRITE PLAINLY, WITH UNFADING INK... 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.