FORM V. S. 1-1930-1-10-M.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 16478

Registered No. 25

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

I PLACE OF DEATH

County Muhlenberg
Reg. Dist. No. 870
Prim. Reg. Dist. No. 2435
Vet. Pct.
Inc. Town
City Central City Ky (No. , St., Ward)

2 FULL NAME Walter Alexander

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Black
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): married

6 DATE OF BIRTH: May 22, 1872 (Month) (Day) (Year)

7 AGE: 42 yrs. 1 mos. 28 ds.
If LESS than 1 day ....hrs. or ....min.?

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

9 BIRTHPLACE (State or country): Subsider Tennessee

PARENTS

10 NAME OF FATHER: Robert Alexander
11 BIRTHPLACE OF FATHER (State or country): Knoxville, Tenn
12 MAIDEN NAME OF MOTHER: Anny Stone
13 BIRTHPLACE OF MOTHER (State or country): Shellmound, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Alexander
(Address)

15 Filed Jan 4, 1914 A. L. Blandford Registrar

11—6166

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 30 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov., 1912, to June, 1914, that I last saw h.... alive on June 29, 1914, and that death occured, on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma
Cardiac Asthma
(Duration) 2 yrs. mos. ds.

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

(Signed) J. K. McDaniel, M. D.
July 1, 1914 (Address) Central City 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 and 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: Central City Ky
DATE OF BURIAL: Jan 4, 1914

20 UNDERTAKER: Jennings & George
ADDRESS: Greenville Ky

WHERE FAMILY, WITH INSUFFICIENT MEANS, IS UNABLE TO BEAR EXPENSE OF BURIAL, THE COUNTY IS TO BE CHARGED. Registrar to be paid by county. Fee $1.00

B—Burial permit must be obtained before body is buried or removed from county. CERTIFICATE OF DEATH to be filled in prior to burial. Registrar to be paid by county. Fee $1.00