

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

File No. 19097  
 Registered No. 48

County Madison  
 Vol. No. \_\_\_\_\_  
 Loc. Town \_\_\_\_\_  
 City Central Ky

Registration District No. 1057  
 Primary Registration District No. 2435

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles ...

(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 Male 4 COLOR OR RACE L 5 Single Married Married Widowed or Divorced (Write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

8 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 35 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work mining (b) General nature of industry, business or establishment in which employed (or employer)

10 BIRTHPLACE (city or town) Paducah (State or country)

PARENTS  
 14 NAME OF FATHER unknown  
 15 BIRTHPLACE OF FATHER (city or town) (State or country) unknown  
 16 MAIDEN NAME OF MOTHER unknown  
 17 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

11 (Informant) R. Galligan (Address) Central Ky Ky

12 Aug 10, 1927 D. L. T. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 5 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_, The CAUSE OF DEATH\* was as follows:

He was hit by a train  
 \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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? \_\_\_\_\_

(Signed) R. ... M.D. ... 1927. (Address) Central Ky Ky

\*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_