

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A GERMAN PATENT INK.—NEVER REWRITING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

13-19
STATE

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

7386

County Murderburg File No. _____
 Vet. Post Midland Registration District No. 1086 Registered No. 10
 Inc. Town _____ Primary Registration District No. 6815
 City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME J. H. Anderson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married
 Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH 7 15 1876
 (Month) (Day) (Year)

7 AGE 52 yrs. 4 mos. 16 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) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 1 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1928, to Jan 28 1929, that I last saw him alive on Jan 28 1929, and that death occurred on the date stated above at 6 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis Lungs

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory T. B. Pneumonia
 (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. C. Woodburn, M. D.
 _____, 1929 (Address) Luzerne 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 Cedar Grove DATE OF BURIAL Feb 1st 1929
 20 UNDERTAKER J. B. Tucker ADDRESS Brewer Ky

PARENTS

10 NAME OF FATHER Alb. Anderson

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Viola Gaudick

13 BIRTHPLACE OF MOTHER (State or country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. E. Anderson
 (Address) Greenville Ky

15 Filed Mar 9 1929 Dollie Robertson
 Registrar