

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 95

1. PLACE OF DEATH

County Muhlenberg
Vot. Prec. East Paducah
Inc. Town _____

Registration District No. 1093
Primary Registration District No. 6834

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

2. FULL NAME

J. B. Antle
(Usual place of abode) No. _____ St. _____ Ward _____ (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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Nov 9, 1861

7. AGE Years 71 Months 10 Days 29 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.

13. NAME George Antle

14. BIRTHPLACE Ky.

15. MAIDEN NAME May Weaver

16. BIRTHPLACE Ky.

17. INFORMANT Carl Wright

(Address) Greenville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date 10/9/36

19. UNDERTAKER Greenville Funeral Home

(Address) Greenville, Ky.

20. FILED 10-9-36 R. B. Boudler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Oct 2, 1936. I last saw him alive on Oct 2, 1936, death is said to have occurred on the date stated above, at 12:10 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Cardio-Renal
Contributory causes of importance not related to principal cause: J.C.D.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Woodburn, M. D.
(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH SPACING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.