

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

File No. _____

Registered No. 36

PLACE OF DEATH

County Muhlenberg

Vet. Pat. North Central Registration District No. 1087

Ine. Town _____ Primary Registration District No. 2435

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

2 FULL NAME Robert Thomas Bailey

(a) Residence. No. 14 Green St., _____ Ward (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 Colored 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Ed Bailey

6. DATE OF BIRTH (month, day, and year) May 9-1878

7. Age Years Months Days If LESS than 1 day - hrs. or - min.
55 11 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at 11. Total time (years) this occupation (month and year) Apr. 16-1934 spent in this occupation _____

12. BIRTHPLACE (city or town) Shelby Ky (State or country)

13. NAME Landon Bailey

14. BIRTHPLACE (city or town) Shelby Co (State or country)

15. MAIDEN NAME Pauline Little

16. BIRTHPLACE (city or town) Shelby Co (State or country)

17. INFORMANT Pauline Johnson (Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Shelby Ky Date 4/20 1934

19. UNDERTAKER J. J. Anderson (Address) 132 Central City Ky

20. FILED 4/19 132 A. D. Blawie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/19 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. alive on 4-17, 1934, death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Came to his death by his own hands taking carbolic acid

Contributory causes of importance not related to principal cause: 163

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: suicide 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? No If so, specify _____

(Signed) Laurie Bryan Carter (Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. It should be stated 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.

CP 393 3
5-8-34