

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Muhlenberg  
Vol. No. #4  
Ino. Town Central City  
City (No. .... St., .... Ward)  
3 FULL NAME General Bull

Registration District No. 870  
Primary Registration District No. 2435

File No. 2503  
Registered No. 47

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX AM 4 COLOR OR RACE — 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) —

6 DATE OF BIRTH Jan 18, 1916  
(Month) (Day) (Year)

7 AGE 4 yrs. 0 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg

PARENTS  
10 NAME OF FATHER L M Bull  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg  
12 MAIDEN NAME OF MOTHER Oliver Edwards  
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) L M Bull  
(Address) Central City

15 Filed Nov. 8, 1917 A. L. Blandford  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 7, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1917, to Nov 5, 1917, that I last saw him alive on Nov 5, 1917, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH\* was as follows:  
Pneumonia

(Duration) ... yrs. ... mos. ... ds.  
Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. 14 ds.  
(Signed) J. L. McFarmer, M. D.  
191... (Address) .....

\*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 Fairmount DATE OF BURIAL Nov. 8, 1917  
20 UNDERTAKER Master Moore ADDRESS Central City

N. B.—Every item of information should be carefully supplied. AGE 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.