

1 PLACE OF DEATH

County MuhlenbergVol. Pct. Nelson

Inc. Town

City

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1095Primary Registration District No. 19

St. Ward)

2 FULL NAME J. M. Bell

28893

File No. 13Registered No. 7

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH April 2, 1892
(Month) (Day) (Year)7 AGE 51 yrs. 6 mos. 6 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work R.R.
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky.

PARENTS	10 NAME OF FATHER <u>Benjamin Ball</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>
	12 MAIDEN NAME OF MOTHER <u>Margaret Alcock</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Huskisson(Address) Nelson Ky.15 Filed 7, 1923 Dan Napier Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw him alive on Nov 2, 192....., and that death occurred on the date stated above at St. M.The CAUSE OF DEATH* was as follows:
Tuberculosis
(Duration) 2 yrs. ____ mos. ____ ds.
Contributory Bright Disease
(Secondary)(Signed) C. M. Fisk, M. D.
Nov 6, 1923. (Address) St. M. 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 _____ 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 Not given DATE OF BURIAL Nov 7, 192320 UNDERTAKER None Undertaking Co. ADDRESS Central

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Ex. very important. See instructions on back of certificate.