

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. Pat. Emm'sInc. Town Emm's

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME Frank BarberFile No. 2860Registered No. 2

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)6 DATE OF BIRTH 1844  
(Month) (Day) (Year)7 AGE 72 yrs. mos. 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) Ky.PARENTS  
10 NAME OF FATHER Thomas Barber  
11 BIRTHPLACE OF FATHER (State or country) Ky.  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (State or country)14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Pearl Forseythe  
(Address) Post Ky.15 Filed 1-26, 1916 J.P. Fleming  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Jan 22, 1916  
(Month) (Day) (Year)11 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1916, to Jan 21, 1916, that I last saw him alive on Jan 21, 1916, and that death occurred, on the date stated above, at 66 m.The CAUSE OF DEATH was as follows:  
P. Lobar Pneumonia

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

Contributory (SECONDARY) (Duration) ..... yrs. .... mos. .... ds.

(Signed) E. M. Barclay M. D.  
Jan 22, 1916 (Address) Peters Ky.

State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, and (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSMITS 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 residence16 PLACE OF BURIAL OR REMOVAL Rhodes Cem DATE OF BURIAL Jan 23, 191620 UNDERTAKER W. Rector ADDRESS Sumner Ky

WRITE PLAIN. WITH UNIFORM SIZE-TYPE IN A PREVIOUS EDITION

B. B.—Every item of information should be carefully checked. AME should be stated EXACTLY. PHYSICIANS should obtain a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Get instructions on back of certificate.