Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS RTIFICATE OF DEATH legistration District No.7/127 Registered No...... [If death occurred in a hospital or institution, give its SAME instead of Primary Registration District No. street and number. 16 DATE OF DEATH 5 SINGLE. MARRIED WIDOWED. OR DIVORCED hat I altended deceased 15 1888 (Year) (Month) IF LESS than 7 AGE and that death occurred ob the date I 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) 10 NAME OF. FATHER 11 BIRTHPLACE OF FATHER PARENTS (Address (State or country) State the Disease Causing Death, or, in deaths from Violent Causes stat MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.....mos.....ds. State.....yrs.....mos.... ds. (State or country) Where was disease contracted. if not at place of death? . Former or usual residence . . 11-3194