

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

19466

File No. ....

Registered No. 135

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

1 PLACE OF DEATH

County Muhlenburg

Vot. Pot. Berier Mt

Ino. Town

City

Primary Registration District No. ....

St. Ward

2 FULL NAME (Stillborn) Barber

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

16 DATE OF DEATH Stillborn 1917  
(Month) (Day) (Year)

6 DATE OF BIRTH June 19 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw h... alive on ....., 191..., and that death occurred on the date stated above at ... m. The CAUSE OF DEATH\* was as follows:

7 AGE Stillborn  
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) At home

Died before birth at about 8th mo. (Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) Berier, Ky

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

10 NAME OF FATHER Other Brodie Barber

(Signed) W. D. Newman, M. D. (Address) Drakebrook

11 BIRTHPLACE OF FATHER (State or country) Logan Co. Ky

12 MAIDEN NAME OF MOTHER Lela Vaughtan

13 BIRTHPLACE OF MOTHER (State or country) Christian Co. Ky

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SCIDAL 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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Other Brodie Barber (Address) Berier, Ky

Where was disease contracted, if not at place of death? ... former or usual residence ...

15 Filed 6-20-1919 W. H. Moore REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Burial G F DATE OF BURIAL 6 20 1919

20 UNDERTAKER J L Thomas

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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. MARGIN RESERVED FOR INDEXING