

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15773

1 PLACE OF DEATH
County Muhlenberg
Vol. No. West Bogert's 1-3
Inc. Town Greenville
City _____ (No. 281 / 2436 Main) St. _____ Ward _____

File No. _____

Registered No. 57

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

2 FULL NAME Leander Bord

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6 DATE OF DEATH June 4, 1912
(Month) (Day) (Year)

8 DATE OF BIRTH Not known
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1912 to June 4, 1912, that I last saw him alive on June 4, 1912 and that death occurred, on the date stated above, at 7:15 P.M.

7 AGE 29 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

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

Stomach poisoning from eating cold food
(Duration) 7 yrs. _____ mos. _____ ds.

10 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

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

PARENTS

10 NAME OF FATHER Sam Hendrix

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

12 MAIDEN NAME OF MOTHER Mary Bogert

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

(Signed) A. Cornelius, M. D.

_____, 191____ (Address)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rosa Bord
(Address) Greenville

*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. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

15 Filed July 4, 1912 W. H. Grandin
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL July 5, 1912
20 UNDERTAKER Or Rank ADDRESS Greenville

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

M. D.—Every item of information should be correctly supplied. AGE should be stated IN YEARS. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.