

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

PLACE OF DEATH

County **MUHLENBERG**Vol. No. **26**Registration District No. **7126**Town **PARADISE** KY Primary Registration District No.

City (No. St. Ward)

FULL NAME **BESSIE BARNARD**File No. **20811**

Registered No.

(If form covered in a hospital or institution give its name and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE	COLOR OR RACE NEGRO	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SINGLE
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DATE OF BIRTH
..... **SEPTEMBER 12, 1891**

(Month) (Day) (Year)

AGE
..... **28** yrs. mos. **29** ds.

IF LESS than
1 day... hrs.
or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work. **HOUSEWORK**
(b) General nature of industry business or establishment in which employed (or employer)

BIRTHPLACE
(State or country)
MUHLENBERG COUNTY KY

NAME OF FATHER
WING BARNARD

BIRTHPLACE OF FATHER
(State or country)
OHIO COUNTY KY

MAIDEN NAME OF MOTHER
BETTY REID

BIRTHPLACE OF MOTHER
(State or country)
BUTLER COUNTY KY

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **WING BARNARD**
(Address) **DRAKESBORO KY**

Filed **Oct. 15, 1914** *L. H. Smith*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
..... **OCTOBER 11, 1914**

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from **SEPT. 28, 1914**, to **OCT. 11, 1914**, that I last saw him alive on **SEPT. 28, 1914**, and that death occurred on the date stated above at **10:30 P.M.** The CAUSE OF DEATH* was as follows:

TUBERCULOSIS OF LUNGS

(Duration) **3** yrs. mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) *W. D. Newman*, M. D.
..... **OCT. 12, 1914** (Address) **DRAKESBORO KY**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 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 residence

PLACE OF BURIAL OR REMOVAL **SMITHS BURYING GROUND** DATE OF BURIAL **OCT. 12, 1914**

UNDERTAKER **J. B. HOUSE & CO., DRAKESBORO KY.** ADDRESS

MARGIN RESERVED FOR RECORDS

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. S.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN 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.