

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHPLACE OF DEATH
County Thurston
Paradise
Paradise
Ine. Town.....
City..... (No. St., Ward)

File No.

Registered No. 5967

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

Reg. District No. 1089
Primary Registration District No. 68233 FULL NAME Richard Barnard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH March 1, 1923
(Month) (Day) (Year)7 AGE 97 yrs. 11 mos. 5 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) Ill. Mo.10 NAME OF FATHER Geo. Reed11 BIRTHPLACE OF FATHER (State or country) Ill. Mo.12 MAIDEN NAME OF MOTHER Drakesboro13 BIRTHPLACE OF MOTHER (State or country) Ill. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Reed(Address) Drakesboro Ky.15 Filed Feb 14, 1923 W.S. Cundiff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1923, to Feb 6, 1923, that I last saw him alive on Feb 1, 1923, and that death occurred on the date stated above at.....m.The CAUSE OF DEATH* was as follows:
Senility.
(Duration) yrs. mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) H. D. Neuman M. D.
Feb 7, 1923 (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.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place in the State
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,If not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Smiths cemetery DATE OF BURIAL 2-8-2320 UNDERTAKER J. H. Kimmel ADDRESS Drakesboro Ky.

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 & OCCUPATIONS should be stated EXACTLY. CAUSE OF DEATH in plain language, so that it may be properly classified. Correct statement of OCCUPATION very important. See instructions on back of certificate.

REMARKS RESERVED FOR MEDICINE