

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

36099

1 PLACE OF DEATH
County Mullensberg
City Paradise, Ky.
No. 1 Registration District No.
Ino. Town Primary Registration District No.
City (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Amos Wilson Bennett.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH May 17, 1873.
(Month) (Day) (Year)

7 AGE 45 yrs. 6 mos. 6 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Bremen, Ky.

10 NAME OF FATHER Eligah Bennett

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Dead when he was two yrs old; no one knows

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Willie G. Bennett.

(Address) Louisville, Ky.

15 654 S. 10th St.

Filed Nov. 24, 1918. Henry H. Cundiff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23, 1918.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1918. to Nov. 23, 1918., that I last saw him alive about Mar. 1, 1918. and that death occurred on the date stated above at 6 a.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 2 yrs. mos. ds.

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

(Signed) H. Newman, M. D.
Nov. 23, 1918 (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, TRANSFERENTS 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

19 PLACE OF BURIAL OR REMOVAL Mt. Carmel (Paradise, Ky.) DATE OF BURIAL Nov. 24, 1918.

20 UNDERTAKER Martin Moore Central City, Ky. ADDRESS

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

N. B.—Every item of information should be correctly 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.