

in the back.
ED FC
K-THIS
RATE SET
of birth,

Form V. S. 2-300m-6-10-19
1 PLACE OF DEATH
County Mitchellburg
Vol. Pat. Bremen 2
Inc. Town.....
City..... (No. St. Ward)

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14391

File No.
Registered No. 29

Registration District No. 1086
Primary Registration District No. 6813

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

2 FULL NAME Jerry M. Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Widowed
6 DATE OF BIRTH Feb 13 1882
(Month) (Day) (Year)
7 AGE 44 yrs. 2 mos. 24 ds. IF LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky
10 NAME OF FATHER Amos Bennett
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Caroline Woodruff
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. P. Bennett (Address) Bremen Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 7 1923
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Oct, 1920, to May 6, 1923, that I last saw him alive on May 6, 1923, and that death occurred on the date stated above at 7 P. m.
The CAUSE OF DEATH* was as follows:
Nephritis (Renal)

(Duration) 3 yrs. 2 mos. 24 ds.
Contributory Quarrel (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. C. Woodruff, M. D.
, 192... (Address) Mitchellburg

*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

19 PLACE OF BURIAL OR REMOVAL Shavers Chapel DATE OF BURIAL May 4th 1923
20 UNDERTAKER J. Bittricker ADDRESS Bremen Ky

Filed, 192... Registrar

13. Burial place of child (If interred, give place and date)

15. Burial place (If interred, give place and date)