

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 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.

Form V. S. 1-50m-1-27-27

1 PLACE OF DEATH

County Muhlenberg  
 Vol. Pct. Graham Ky  
 Inc. Town \_\_\_\_\_

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

Registration District No. 1096  
 Primary Registration District No. \_\_\_\_\_

31714

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Barn Bennett

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write on reverse) <u>Single</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6 DATE OF BIRTH <u>12</u> / <u>4</u> / <u>1930</u> (Month) (Day) (Year)		
7 AGE _____ yrs. _____ mos. _____ ds.		IF LESS than 1 day _____ hrs or _____ min?

8 OCCUPATION OF DECEASED  
 (a) Trade, profession or particular kind of work. None  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Graham Ky  
 (State or country)

PARENTS	10 NAME OF FATHER <u>Alford Bennett</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Bedford Ky</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Margaret Robinson</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ky</u> (State or country)

14 (Informant) Alford Bennett  
 (Address) Graham Ky

15 Filed 11 10 31, 19 December  
 Registrar J. C. Green

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 / 4 / 1930  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Barnfield road, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Fracture due to trauma  
caused by influenza  
infection. (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
 \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) T. J. Fudge, M. D.  
12/4, 1930 (Address) Graham Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Graham DATE OF BURIAL 12/4 1930

20 UNDERTAKER Ms McDonoo ADDRESS Graham