

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

28475

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. West Boggs Registration District No. 871

Ino. Town..... Primary Registration District No. 7135

City..... (No..... St.,..... Ward)

2 FULL NAME Lucien Hayes Best

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Stillborn, 1..... (Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Bustan Best

11 BIRTHPLACE OF FATHER (State or country) Landon Co. Ky

12 MAIDEN NAME OF MOTHER Mary F Hayes

13 BIRTHPLACE OF MOTHER (State or country) Daviess Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. H. Hayes (Address) Greenville Ky

15 File Oct 17, 1919 REGISTRAR McDonald

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 16, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10-16, 1919, to 10-16, 1919, that I last saw him alive on 10-16, 1919, and that death occurred on the date stated above at 5 m. The CAUSE OF DEATH* was as follows: Still birth

(Duration)..... yrs..... mos..... ds.

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

(Signed) S. D. G. Taylor, M. D. 10-16, 1919 (Address) Greenville, 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 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 Greenville Ky DATE OF BURIAL Oct. 17, 1919

20 UNDERTAKER McDonald ADDRESS Greenville

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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 certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.