

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4909

1 PLACE OF DEATH

County MuhlenbergVot. Pot. E. Boggels

Inc. Town.....

City.....

Registration District No. 1093Primary Registration District No. 6852(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No.....

Registered No.....

2 FULL NAME M. F. Bethel

(a) Residence. No. _____ St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Sept 1847
(Month) (Day) (Year)7 AGE 82 yrs. 5 mos. ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work.....
(b) General nature of industry,
business or establishment in
which employed (or employer).....9 BIRTHPLACE (city or town).
(State or country) Muhlenberg Co. Ky.PARENTS
10 NAME OF FATHER Wm Bethel
11 BIRTHPLACE OF FATHER (city or town).
(State or country) West Va.
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town).
(State or country)14 (Informant) M. F. Bethel
(Address) Central City, Ky.15 Filed Feb 30, 1930
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 4, 1930
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from April 15, 1922, to Feb 4, 1930,
that I last saw him alive on Feb 4, 1930,
and that death occurred on the date stated above at 11 P. M.
The CAUSE OF DEATH* was as follows:
Chronic Industrial NephritisContributory (Duration) yrs. mos. ds.
Malnutrition
(Secondary) (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?.....

Did an operation precede death?..... Date of 1/26/30Was there an autopsy?..... 1-26-30

What test confirmed diagnosis?.....

(Signed) J. C. Woodburn, M. D.
....., 19..... (Address) Greenville 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 addi-
tional place.)19 PLACE OF BURIAL OR REMOVAL Unity B.S. DATE OF BURIAL Feb 6, 193020 UNDERTAKER M. F. Bethel ADDRESS Greenville 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 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.

EXACTLY RECORDED FOR RECORDS