

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

File No. 20717
Registered No. 13

1 PLACE OF DEATH

County Martinburg

Vet. Pat.

Registration District No. 2438Inc. Town Smiths BranchPrimary Registration District No. 1085

City

(No. Cooper St. Beulah Ward)2 FULL NAME Cooper Beulah

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M4 COLOR OR RACE W5 Single Married Widowed or Divorced
Married

6 DATE OF BIRTH

May 25 1882
(Month) (Day) (Year)

7 AGE

49 yrs 3 mos 24 d

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

PARENTS

10 NAME OF FATHER John L. Bishop

11 BIRTHPLACE OF FATHER

(State or country) Ohio, Ky12 MAIDEN NAME OF MOTHER Euby Morris

13 BIRTHPLACE OF MOTHER

(State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. P. Hughes(Address) Livermore, Ky

15

Filed Sept 20 1922 at Martinburg

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 19 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1922 to Sept 19 1922 that I last saw him alive on Sept 19 1922 and that death occurred on the date stated above at 800 m.

The CAUSE OF DEATH* was as follows:

Ileo-Cecitis

Contributory (Secondary)

(Duration) yrs. 5 mos. 0 ds.(Signed) J. P. Hughes(Duration) yrs. 1 mo. 30 ds.(Address) Livingstone
9-19, 1922

*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 yrs. mos. ds. State yrs. mos. d. Where was disease contracted,

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

New HopeSept 20 1922

20 UNDERTAKER

ADDRESS

J. P. HughesLivingstone, 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.