FORM V S 1-50M 3-23-12

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Greenville Registration District No. 871

File No. 27597

Inc. Town .... Primary Registration District No. 2436

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 Frank Bivins

DELAY

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widower
6 DATE OF BIRTH .... (Month) .... (Day) 1 (Year)		
7 AGE 52 yrs. .... mos. .... ds.	IF LESS than 1 day... hrs. or... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work .... (b) General nature of industry, business or establishment in which employed (or employer) Farmer		
9 BIRTHPLACE (State or country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (State or country)	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or country)	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) .... (Address)		
15 Filed ...., 191 .... REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct (Month) 12 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1914, to Oct 10, 1914, that I last saw him alive on Oct 10, 1914, and that death occurred on the date stated above at 4:30 pm. The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(Duration) 2 yrs. .... mos. .... ds.

Contributory (SECONDARY) ....

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

(Signed) W H Wooden, M. D.

Oct 11, 1914 (Address) Kirkmansville

*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	DATE OF BURIAL ...., 191..
20 UNDERTAKER	ADDRESS

11—3184

MARGIN RESERVED FOR BINDING

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.