

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County FranklinVol. Pat. H 5Loc. Town DrokeboroCity Hy (No. _____ St. _____ Ward _____)Registration District No. 7425File No. 23287

Primary Registration Dist. No. _____

Registered No. 57FULL NAME Marvin Blacklock

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 2 COLOR OR RACE col 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single4 DATE OF BIRTH Dec 31 1912
(Month) (Day) (Year)7 AGE 8 yrs. 8 mos. 0 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) Kentucky10 NAME OF FATHER Walter Blacklock11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Willie Rewes13 BIRTHPLACE OF MOTHER (State or country) Kentucky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Blacklock(Address) Drokeboro, Ky.15 Filed 9-6, 1912 J. P. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 6, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1912, to Sept 6, 1912,that I last saw him alive on Sept 6, 1912, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Whooping Cough
(Duration) _____ yrs. _____ mos. _____ ds.Contributory Enteric Colic
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) W. H. Jones, M. D.
Sept 6, 1912 (Address) Drokeboro, 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 Drokeboro, Ky. DATE OF BURIAL 9-6, 191220 UNDERTAKER W. H. Jones ADDRESS Drokeboro, Ky.

WRITE PLAINLY, WITH CAREFUL MEASUREMENTS IS A PERMANENT RECORD

U. S. - Every item of information on this form should be carefully supplied. AGE should be stated in FULLY. 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.