

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

File No. **16559**1 PLACE OF DEATH
County MuhlenbergVot. Pat. 15Registration District No. 2135 1094Registered No. 2

Ina. Town

Primary Registration District No. 1840City Berlin(No. St. Ward)

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

2 FULL NAME: Geo Martin Blaine

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Sept 17 1892
(Month) (Day) (Year)7 AGE 9 yrs. 23 mos. 23 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) Ky

| | |
|---------|--|
| PARENTS | 10 NAME OF FATHER <u>Oscar Blaine</u> |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u> |
| | 12 MAIDEN NAME OF MOTHER <u>Melie Puyrad</u> |
| | 13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u> |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oscar Blaine
(Address) Berlin 1415 Filed July 11 1922 W. H. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 30 1922 to July 9 1922 that I last saw him alive on July 9 1922 and that death occurred on the date stated above at 3 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia(Duration) yrs. 16 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.(Signed) C. D. Blaine, M. D.
7-11-1922 (Address) Cleaton 14

*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. 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

Wygatt's Chapel July 11 1922

20 UNDERTAKER ADDRESS

J. L. Thomas Cleaton 14

July 10

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. EX. statement of OCCUPATION is very important. See instructions on back of certificate.