FORM V. S. 1-100 M-1-10-11.

Commonwealth of Kentucky
STATE BOARD OF HEALTH.
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. Pct. Central Co.
Ins. Town
City (No. , St. , Ward)

Registration District No. 871
Primary Registration Dist. No. 7130

File No. 2555
Registered No. 7
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Billie Blankenship

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: Feb (Month) 1 (Day) (Year)

7 AGE: 75 yrs. mos. ds.
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): Christian Co Ky

PARENTS
10 NAME OF FATHER: Henry Blankenship
11 BIRTHPLACE OF FATHER (State or country): Virginia
12 MAIDEN NAME OF MOTHER: ——— Mason
13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) O. E. Blankenship
(Address) Rt 1 Greenville Ky

15 Filed Jany 24 1913 W. H. Franklin REGISTRAR

11—6106

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jany 24, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Never 191 to Never 191
that I last saw h— alive on Never, 191
and that death occured, on the date stated above, at 5 p.m.
The CAUSE OF DEATH* was as follows:

Obliteration of Heart.
No Physician in attendance
death Instantaneous yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) J. B. Slaton, M. D.
Jany 24 1913 (Address) Greenville 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: Private
DATE OF BURIAL: Jany 26 1913
20 UNDERTAKER: John Gates
ADDRESS: Greenville Ky

U. S.—Every Physician is required by law to keep a record of every death at which he was in attendance, and to sign a certificate stating the cause of death as he knows it, or as he believes it to be, to the best of his knowledge and belief. He should be careful to state the disease causing death, or in deaths from violence the means of injury, and whether accidental, suicidal or homicidal. He should also state the length of residence of the deceased at the place of death, and in the State, and the former or usual residence. Every effort should be made to obtain and state the information required in regard to the decedent's occupation, and the place where disease was contracted, if not at place of death. The certificate should be filled out, signed, and delivered to the undertaker or person in charge of the body before burial or removal. Burial or removal permit cannot be issued until certificate is properly executed. Full instructions on back of certificate.