

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

31284

PLACE OF DEATH

 County Muhlenberg
 Vol. No. 202 Registration District No. 7140
 Ino. Town St. Joseph Primary Registration District No. _____

File No. _____

Registered No. 76
 City _____ (No. _____ St. _____ Ward _____)

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

FULL NAME David Board

PERSONAL AND STATISTICAL PARTICULARS

 1 SEX Male
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
 6 DATE OF BIRTH Apr 30, 1831
 (Month) (Day) (Year)
 7 AGE 84 yrs. 7 mos. 28 ds. IF LESS than 1 day... hrs. or... min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work. Farming
 (b) General nature of industry, business or establishment in which employed (or employer) _____
9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Joseph Board11 BIRTHPLACE OF FATHER (State or country) Mercer Co 1412 MAIDEN NAME OF MOTHER Ellen Beuter13 BIRTHPLACE OF MOTHER (State or country) Mercer Co 14

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Benjamin Board
 (Address) Greenwell Pt. 14
15 Filed 12/28, 1915 J. Kemmerly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28, 1915
(Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from 12/28, 1915, to 12/28, 1915, that I last saw him alive on 12/28, 1915, and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH* was as follows: Solar Pneumonia

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. G. Stapp, M. D.12/28, 1915 (Address) Madison Ky

*State the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSES state (1) MEANS OF INJURY; add (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Old Bethel ChurchDATE OF BURIAL 12/29, 191520 UNDERTAKER J. G. CraftADDRESS Fobham 14
 BE CAREFUL TO PRINT FULLY, WITH IMPASSIVE INK.—THIS IS A PERMANENT RECORD
 which should be carefully preserved. All entries should be made EXACTLY. PUNY
 CAPTION IS VERY IMPORTANT. See instructions on back of certificate.