

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

File No. 4805
Registered No. 139

1 PLACE OF DEATH
County Muhlenberg

Vet. Pct. 25 Registration District No. 1094

Ine. Town _____ Primary Registration District No. 6841

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fredrick J. Board

(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode) (If none, tent, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married Married
Widowed Married
or Divorced Married
(Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH 11 12 1886
(Month) (Day) (Year)

7 AGE 59 yrs. 0 mos. 7 ds.
IF LESS than 1
day _____ hrs
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. House wife
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Kentucky
(State or country)

PARENTS
10 NAME OF FATHER Prof. M. Boyd
11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country)
12 MAIDEN NAME OF MOTHER Nannie Hish
13 BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or country)

14 (Informant) J. M. Board
(Address) Clenton Ky

15 Filed Nov 30, 1927 Vannie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 19 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from 8/27/1927 to 11/19/1927
that I last saw him alive on 11/19/1927
and that death occurred on the date stated above at 6 a.m.
The CAUSE OF DEATH* was as follows:

Hemorrhage of
Stomach

(Duration) _____ yrs. _____ mos. 3 ds.
Contributory Ulcer of Stomach
(Secondary)
(Duration) _____ yrs. 3 mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. S. Almer, M. D.

11/19/1927 (Address) Clenton Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
C. P. Board
Sacramento Ky 11/20/1927

20 UNDERTAKER ADDRESS
A. L. Mosely Central City

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.

MARRIAGE REGISTERED FOR KENTUCKY