

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

PLACE OF DEATH  
County Wickliffe  
Vol. No. 15 Celestia Ky  
Inc. Town .....

File No. 29669  
Registered No. 216

City ..... (No. .... St.) ..... Ward)

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

FULL NAME Paula Malvia Boygan

## PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE Negro SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
DATE OF BIRTH Jan 2, 1914  
AGE 10 mos 10 ds If LESS than 1 day.... hrs, or.... min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) -

BIRTHPLACE (state or country) Wickliffe Ky

10 NAME OF FATHER Siles Boygan

11 BIRTHPLACE OF FATHER (State or country) Wickliffe Ky

12 MAIDEN NAME OF MOTHER Bethie Moore

13 BIRTHPLACE OF MOTHER (State or country) Wickliffe Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed. Boygan  
(Address) Celestia Ky

15 Filed Nov 13, 1914 W. H. Moore  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 12, 1914  
(Month) (Day) Year

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1914, to Nov 12, 1914, that I last saw him alive on Nov 12, 1914 and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH\* was as follows:

Felix

(Duration) .... yrs. .... mos. 14 ds.

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

(Signed) L. Bennett, M. D.,  
Nov 3, 1914 (Address) Celestia 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 Wickliffe Burial DATE OF BURIAL Nov 13, 1914

20 UNDERTAKER Ed. George ADDRESS Greenville Ky

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

3. 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.