

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

1 PLACE OF DEATH

County Muhlenberg  
Vot. Pct. Ernie  
Inc. Town Crowder  
City Cy. (No. 1 St. 1 Ward)

File No. \_\_\_\_\_  
Registered No. 5  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District 1097  
Primary Registration District No. 2566

2 FULL NAME Ernest Howard Boggess

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 21 1871  
(Month) (Day) (Year)

7 AGE 52 yrs. 20 mos. 20 da. 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) Kentucky

10 NAME OF FATHER Rumay Boggess

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Louisa Middleton

13 BIRTHPLACE OF MOTHER (State or country) Illinois

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. Kroost  
(Address) Central City Ky

15 Filed 7/12 1923 E. G. St. Louis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1923 to July 11 1923, that I last saw him live on July 11 1923 and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows: pulmonary tuberculosis  
(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
(Signed) J. D. Cantrell, M. D. July 11 1923 (Address) Drakeboro 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. \_\_\_\_\_ da. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. Where was disease contracted, \_\_\_\_\_

If not at place of death? Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Forest Grove DATE OF BURIAL 7/12 1923

20 UNDERTAKER Baker & Anderson ADDRESS Central City Ky

WHITE 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 language, so that it may be properly classified. Correct statement of OCCUPATION is very important. See instructions on back of certificate.