

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

Whitaker 25807

1 PLACE OF DEATH

County MullensbergVot. Post Rosewood

Ino. Town

City

Registration District No. 1093 1891Primary Registration District No. XXX

(No.)

St.

File No.

Registered No.

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

1 FULL NAME George Franklin Bogess

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married (Write the word)
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6 DATE OF BIRTH October 25, 1849	7 AGE 75 yrs. 12 mos. 12 ds.	IF LESS than 1 day... hrs. or... min.?
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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) Western Kentucky

PARENTS	10 NAME OF FATHER Unknown
	11 BIRTHPLACE OF FATHER (State or country) Unknown
	12 MAIDEN NAME OF MOTHER Unknown
	13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Monroe Bogess(Address) R.F.D. #4, Greenville, Ky.

15

 Filed 11/6/19 C. Whitaker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1/ DATE OF DEATH November 6, 1924	191
(Month) (Day) (Year)	

 17 I HEREBY CERTIFY, that I attended deceased from Oct. 12, 1924 to Oct. 25, 1924, that I last saw him alive on Oct. 25, 1924,

 and that death occurred on the date stated above at 8:30 P. The CAUSE OF DEATH was as follows:

Septicemia following an injury to arm.
..... (Duration) yrs. 12 mos. ds.

Contributory (SECONDARY)

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

(Signed) S. D. Whitaker, M. D.
Nov. 10, 1924 (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. State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Olive Grove Church G.Y. DATE OF BURIAL Nov. 7, 192420 UNDERTAKER Orien L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

B. B.—Every item of information should be carefully checked. Assistants should examine RELIGIOUS, PHYSICIAN'S, MARRIAGE, and other records. In case of doubt, the cause of DEATH should be stated in plain language, and the occupation, if any, should be stated.