

State Board of Health

BUREAU OF VITAL STATISTICS

File No. _____

CERTIFICATE OF DEATH

Registered No. 115

1. PLACE OF DEATH

County MuhlenbergVet. Pct. Central City

Inc. Town _____

City Central CityRegistration District No. 1087Primary Registration District No. 2435(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give the NAME instead of street and number)2. FULL NAME James Hubert Boggess(a) Residence. No. Dovey Mines St. _____ Ward _____
(Usual place of abode) (If nonresident, 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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed
or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH October 22, 19357. AGE Years Months Days If LESS than
1 day hrs.
or min. Still-Born8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. None
9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Dovey Mines Ky13. NAME F. M. Boggess14. BIRTHPLACE Muhlenberg County15. MAIDEN NAME Arzie Vincent16. BIRTHPLACE Christian County17. INFORMANT F. M. Boggess(Address) Central City, Ky

18. BURIAL, CREMATION, OR REINTERMENT

Place Vincent Green Yard Date 10/23 19. 3519. UNDERTAKER Orin L. Roark(Address) Greenville, Kentucky20. FILED 10/21 19 35 L. Blandford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 22, 1935, 19 _____22. I HEREBY CERTIFY, That I attended deceased from
_____ 19 _____ to _____ 19 _____I last saw him alive on _____, 19 _____, death is said
to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance
in order of onset were as follows:Still Born Date of
215 onsetContributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) E. L. Galt, M. D.(Address) Greenville KyMARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information would state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.
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