

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

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Post *W. Court House*

Inc. Town

City

Registration District No. *8-7-1*

Primary Registration District No. *7131*

File No. *16483*

Registered No. *47*

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

2 FULL NAME *Joseph D Boggers*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *1871*
(Month) (Day) (Year)

7 AGE *43* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. *Coal Miner*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Muhlenberg Co. Ky.*

10 NAME OF FATHER *Thomas Boggers*

11 BIRTHPLACE OF FATHER (State or country) *Muh. Co. Ky.*

12 MAIDEN NAME OF MOTHER *Martha Chatham*

13 BIRTHPLACE OF MOTHER (State or country) *Muh. Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. J. Chatham*
Greenville, Ky.
(Address)

15 Filed *6/12*, 191*4* at *W. H. Evansville*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 11, 1914*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Saw him, after death,* 191*4*, that I last saw him alive on 191*4*, and that death occurred on the date stated above at *7* a.m. The CAUSE OF DEATH* was as follows:

Was killed in coal mine by falling shale -
(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
Signed *O. P. Martin*, M. D.
June 11, 1914 (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 REGENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL *Evansville Cemetery* DATE OF BURIAL *June 12, 1914*
20 UNDERTAKER *Oren L. Roark* ADDRESS *Greenville Ky.*

WRITE PLAINLY, WITH INK, WITH INKING LINE--THIS IS A PERMANENT RECORD
 B. E.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be prepared. Exact statement of OCCUPATION is very important. Instructions on back of certificate.
 MARRIAGE RECORDS RESERVED FOR SEPARATE