

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Pct. 5Registration District No. 872Ino. Town DrakesboroPrimary Registration District No. 2437

City

(No. ....)

St.,

Ward)

2 FULL NAME

M. Lean Boguess

File No. ....

Registered No. 5421

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

October, 1863  
(Month) (Day) (Year)

7 AGE

55 yrs. .... mos. .... ds.IF LESS than  
1 day ... hrs.  
or ... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry business or establishment in which employed (or employer)

Farmer9 BIRTHPLACE  
(State or country)Greenville, Ky.

10 NAME OF FATHER

Robert H. Boguess11 BIRTHPLACE OF FATHER  
(State or country)Greenville, Ky.

12 MAIDEN NAME OF MOTHER

Minnie J. Rice13 BIRTHPLACE OF MOTHER  
(State or country)Greenville, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ettie B. Green

RR#1 (Address)

White Plain, Ky.

15

Filed

Feb. 4, 1918J. R. Kimmel  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 2, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Jan 1, 1918, to February 2, 1918  
that I last saw him alive on February 2, 1918and that death occurred on the date stated above  
at 10 p.m. The CAUSE OF DEATH\* was as follows:Diabetes Mellitus(Duration) ... yrs. 6 mos. .... ds.Contributory  
(SECONDARY)

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

(Signed)

H. S. Newman, M. D.Feb. 2, 1918. (Address) Drakesboro, 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

Greenville, Ky.

DATE OF BURIAL

Feb. 4, 1918

20 UNDERTAKER

C. G. Bridges & Co., Drakesboro, Ky.

ADDRESS

MARGIN RESERVED FOR INDEXING

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