

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Vet. Post.

Town

City

(No.

St.

Ward)

FULL NAME

File No.

11249

Registered No.

40

(If death occurred in a hospital or institution give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

Colored

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

single

DATE OF DEATH

Apr 15, 1913
(Month) (Day) (Year)

DATE OF BIRTH

Apr 15, 1913
(Month) (Day) (Year)

AGE

If LESS than 1 day 2 hrs. or min.?

I HEREBY CERTIFY, That I attended deceased from

Child lived only a few hours after that I last saw h. alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Forcep delivery

OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

BIRTHPLACE

(State or country)

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Dr. W. H. Wilson, M. D.

191 (Address) Cleaton

NAME OF MOTHER

Mother Ellen Boggin

BIRTHPLACE OF FATHER

Davis County

MAIDEN NAME OF MOTHER

Father Monroe Boggin

BIRTHPLACE OF MOTHER

Logan County

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(10) 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Father Monroe Boggin

(Address) P.O. Mercer Ky.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

UNDERTAKER

ADDRESS

Filed May 11, 1913 Mrs W. M. Masterson

REGISTRAR

M. D.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH is plain to see, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.