

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

25670

PLACE OF DEATH
County Wickliffe
Vol. No. #5 Registration District No. 872
Inc. Town Drakesboro Primary Registration District No. 2437
City (No. 9) St. Ward)
FULL NAME Alfred Booker

File No.
Registered No. 752
[If death occurred in a hospital or institution, give the NAME instead of Street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
6 DATE OF BIRTH 1855
(Month) (Day) (Year)
7 AGE 65 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) Virginia
10 NAME OF FATHER (Not known)
11 BIRTHPLACE OF FATHER (State or country) (Not known)
12 MAIDEN NAME OF MOTHER Mary
13 BIRTHPLACE OF MOTHER (State or country) (Not known)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from May 1, 1920, to Oct 31, 1920, that I last saw him alive on Oct 28, 1920, and that death occurred on the date stated above at 9 p.m. The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis (Bright's Disease)
(Duration) 3 yrs. mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) N.D. Newman M. D.
Oct 31, 1920 (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 DATE OF BURIAL
Washington Ky 11/1, 1920
20 UNDERTAKER ADDRESS
Geo. S. George Germantown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Booker
(Address) Drakesboro Ky
15 Filed 11/1, 1920 H. K. ... REGISTRAR

MARGIN RESERVED FOR ENDORS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--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.