

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
E. E.--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.

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

15923

FILE NO.
REGISTERED NO. 88
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

FORM 1 Smith Lomborg
PLACE OF DEATH
County Draakesburg Ky
Vol. Pot. Draakesburg Registration District No. 272
Ino. Town #32 Primary Registration District No. 7125
City Draakesburg Ky (No., St., Ward)
2 FULL NAME David A Booker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE col 5 SINGLE, MARRIED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH Oct. 6, 1906
(Month) (Day) (Year)

7 AGE 15 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) School Boy

9 BIRTHPLACE (State or country) Cristiani county

PARENTS

10 NAME OF FATHER John Booker
11 BIRTHPLACE OF FATHER (State or country) Cristiani county
12 MAIDEN NAME OF MOTHER Eda George
13 BIRTHPLACE OF MOTHER (State or country) Cristiani county

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Booker
(Address) Draakesburg Ky

15 Filled 7/14, 1921 J. A. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1921 to July 6, 1921, that I last saw him alive on July 2, 1921, and that death occurred on the date stated above at 2 P. m. The CAUSE OF DEATH* was as follows:
Lung and Spleen Heart Failure
(Duration) ... yrs. ... mos. 10 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) J. A. ..., M. D.
July 6, 1921 (Address) Draakesburg 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. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Smith G. yard DATE OF BURIAL July 8, 1921
20 UNDERTAKER Geo E. George ADDRESS Greenville Ky