

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24494

PLACE OF DEATH

County

Muhlenberg

Vot. Pot.

Central City Ky

Registration District No.

109-2436

File No.

Registered No.

Inc. Town

Primary Registration District No.

City

(No.

St.

Ward)

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

2 FULL NAME

Julian N. Booth

(a) Residence. (No.

(Usual place of abode)

Central City Ky

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. COLOR OR RACE

5. Single, Married, Widowed or Divorced (write the word)

Male

White

Married

8a. If married, widowed or divorced HUSBAND of (or) WIFE of

Pearl Tate

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day

hrs.

or min.

75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1929

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town)

Butler Co Ky

13. NAME

George Booth

14. BIRTHPLACE (city or town) (State or country)

Kentucky

15. MAIDEN NAME

Pitman

16. BIRTHPLACE (city or town) (State or country)

U.S.A.

17. INFORMANT (Address)

Julian N. Booth

18. BURIAL, CREMATION, OR REMOVAL

Place

Central City Ky

Date

Oct 7, 1937

19. UNDERTAKER (Address)

A. B. Wickliffe

20. FILED

10-15

1937

A. B. Wickliffe

A. B. Wickliffe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Oct 6, 1937

I last saw him alive on Oct 6, 1937 death is said to have occurred on the date stated above, at 9 a. m. The principal cause of death and related causes of importance in order of onset were as follows:

Uremia

Date of onset

Oct 1

1937

Contributory causes of importance not related to principal cause:

Chronic enlargement of prostate gland of obstruction of bladder

Name of operation None Date of operation None

What test confirmed diagnosis? Symptoms there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No injury

Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) A. B. Wickliffe, M. D.

(Address) A. B. Wickliffe, M. D.

A. B. Wickliffe, M. D.

By M. Wells.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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