

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28903

1 PLACE OF DEATH  
County Muhlenberg

Vol. No. 1 Registration District No. 157

Inc. Town Central City Primary Registration District No. 2435

City (No. St. Ward)

2 FULL NAME Louise Booth

File No. 58Registered No. 58

(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  Married  Widowed  or Divorced  (Write the word)

6 DATE OF BIRTH April 12, 1912  
(Month) (Day) (Year)

7 AGE 11 yrs. 6 mos. 1 ds. IF LESS than 1 day hrs. of min?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Cephus Booth

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Lizzie Johnson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cephus Booth

(Address) Central City

Filed 10/14, 1923 A. L. Blaupland Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1923, to Oct 13, 1923, that I last saw him alive on Oct 13, 1923, and that death occurred on the date stated above at 9:30 a.m.

The CAUSE OF DEATH\* was as follows:

Typhoid Fever  
(Duration) 21 yrs. 21 mos. 21 ds.

Contributory Perforation of Intestine  
(Secondary)

(Signed) W. C. M. Weil, M. D.  
Oct 13, 1923 (Address) Central City 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 21 yrs. 21 mos. 21 ds. In the State 21 yrs. 21 mos. 21 ds.

Where was disease contracted,

if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Morgantown DATE OF BURIAL Oct 14, 1923

20 UNDERTAKER Morgan Undertaking Co ADDRESS Central City Ky

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 words so that it may be properly classified. See instructions on back of certificate. Very important. See instructions on back of certificate.