

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

PLACE OF DEATH

County Mullensburg

Vol. No. H 5

Inc. Town Drakesboro

City ky (No. 7125 St. --- Ward ---)

FULL NAME Samuel Postick

File No. 20728
Registered No. H 23

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 2 COLOR OR RACE Col. 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If not the word) Married

4 DATE OF BIRTH Aug 20 1858
(Month) (Day) (Year)

7 AGE 54 yrs. mos. ds. If LESS than 1 day... hrs. or... min. ?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Geo. Postick

11 BIRTHPLACE OF FATHER (State or country) Georgia

12 MAIDEN NAME OF MOTHER Jennie Sherman

13 BIRTHPLACE OF MOTHER (State or country) Arkansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Earl Smith
(Address) Drakesboro ky

Filed 8-24, 1912 J. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug. 23, 1912
(Month) (Day) Year

17 I HEREBY CERTIFY, That I attended deceased from Aug 18, 1912, to Aug 23, 1912, that I last saw him alive on Aug 23, 1912, and that death occurred, on the date stated above, at 3 P.M.
The CAUSE OF DEATH* was as follows:

Typhoid Fever
(Duration) yrs. mos. ds. 8

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

(Signed) Dr. James S. May, M. D.
Aug 24, 1912 (Address) Drakesboro ky

*State the DISEASE CAUSING DEATH, or, if death is from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(16) 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 Smiths Chapel Burial DATE OF BURIAL Aug 25, 1912

20 UNDERTAKER W. B. Bridge ADDRESS Drakesboro

NOTE: PLACED WITH CAREFULNESS. THIS FORM IS A PRELIMINARY REPORT. Every item of information should be carefully checked. AGE should be stated EXACTLY. OCCUPATION should state CLASS OF STATE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.