

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

29318

File No.

Registered No.

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

PLACE OF DEATH
City Middlesburg
Reg. Dist. No. 1193
Primary Reg. Dist. No. 2434
City Greenville (No. 129 Center St., Ward)
2 FULL NAME Dr. Chas Adolphus Bourland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 MARRIAGE Married
(Write the word)

6 DATE OF BIRTH March 31 1897
(Month) (Day) (Year)

7 AGE 27 yrs. 3 mos. 12 ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Madisonville 14, Hopkins Co

10 NAME OF FATHER Thomas O Bourland

11 BIRTHPLACE OF FATHER (State or country) in Kentucky

12 MAIDEN NAME OF MOTHER Patience Julian

13 BIRTHPLACE OF MOTHER (State or country) So Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:
(Informant) Mrs R B Shaver

(Address) Greenville 14

15 Filed 11/9/26 1926 CP Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1926 to July 12, 1926, that I last saw him alive on July 12, 1926 and that death occurred on the date stated above at 8 P.M.

The CAUSE OF DEATH was as follows:
Chronic Intestinal Inflammation
(Duration) 9 yrs. mos. ds.

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

(Signed) Chas Adolphus Bourland M. D. 11/5 1926 (Address) Greenville 15

*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 Greenville 14 DATE OF BURIAL July 14 1926

20 UNDERTAKER Greenville 14 ADDRESS Greenville 14

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. Every statement of OCCUPATION is very important. See instructions on back of certificate.