

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

16569

1 PLACE OF DEATH

County Martin

File No. 12

Vol. No. 1096

Registration District No. 1096

Registered No. 12

Inc. Town

Primary Registration District No.

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

City

(No. St. Ward)

2 FULL NAME Bob Bowling Jr (Stillborn)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the year)

6 DATE OF BIRTH 7 8 1922
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. _____ min?

8 DATE OF DEATH July 8 1922
(Month) (Day) (Year)

9 I HEREBY CERTIFY, That I attended deceased _____, 1922, to _____, 1922, that I last saw him alive on _____, 1922, and that death occurred on the date stated above at _____ m.

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

The CAUSE OF DEATH* was as follows: Granular Cell Carcinoma of the testis which was caused by Malaria Fever. Metastatic Effusion

9 BIRTHPLACE (State or country) Ky

(Duration) _____ yrs. _____ mos. _____ ds

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

PARENTS

10 NAME OF FATHER Bob Bowling Sr

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ethel Board

13 BIRTHPLACE OF MOTHER (State or country) Ky

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ d.

(Signed) T. G. Edgar, M. D.
7/9 1922, (Address) Franklin Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Bowling

(Address) Franklin Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

15 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 _____

15 FILED 8/10 1922 J. K. Kennedy Registrar

16 PLACE OF BURIAL OR REMOVAL Franklin Ky DATE OF BURIAL July 9 1922

17 UNDERTAKER R. J. Beard ADDRESS Franklin Ky