

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

File No. 18158
 Registered No. _____

1 PLACE OF DEATH
 County Muhlenberg
 Vol. #8 Record
 Inc. Town _____
 City _____

Registration District No. 2867
 Primary Registration District No. 2867
 (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Breedlove Jr.

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (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

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6 DATE OF BIRTH <u>July 5, 1937</u> (Month) (Day) (Year)		
7 AGE _____ yrs. _____ mos. _____ ds.		IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1934
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
 from _____, 19____, to _____, 19____,
 that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
still born cause
not known

 _____ (Duration) _____ yrs. _____ mos. _____ ds.

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

9 BIRTHPLACE (city or town) Kentucky
 (State or country)

PARENTS	10 NAME OF FATHER <u>Frank Breedlove</u>
	11 BIRTHPLACE OF FATHER (city or town) <u>Central City Ky</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Marquise Clark</u>
	13 BIRTHPLACE OF MOTHER (city or town) <u>Pennock Ky</u> (State or country)

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) S. E. Steele, M.D.
7/5, 1934 (Address) _____

14 (Informant) S. E. Steele
 (Address) Pennock Ky

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

15 Filed Aug 5 1934
Mrs B F Day Registrar

19 PLACE OF BURIAL OR REMOVAL <u>Clark Cemetery</u>	DATE OF BURIAL <u>July 6, 1934</u>
20 UNDERTAKER <u>Victor Jenkins</u>	ADDRESS <u>Buck Creek</u>

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 that it may be properly classified. Exact moment of OCCUPATION is very important. See instructions on back of certificate.

EXACTLY REPRODUCED FOR RECORDS