

1 PLACE OF DEATH

County WickliffeVol. Pct. GrahamRegistration District No. 1096File No. 31711

Registered No. _____

Ino. Town _____ Primary Registration District No. _____

City Graham (No. _____ St., _____ Ward)

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

2 FULL NAME Still-born Child

(a) Residence. No. _____ St., _____ Ward.

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH 12 17 1930
(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 None

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Graham
(State or country) W. Va.10 NAME OF FATHER Clarus Biles11 BIRTHPLACE OF FATHER (city or town) Graham
(State or country) W. Va.12 MAIDEN NAME OF MOTHER Myrtle Biles13 BIRTHPLACE OF MOTHER (city or town) Graham
(State or country) W. Va.14 (Informant) Clarus Biles(Address) Graham W. Va.15 Filed 1/10 31 Kennedy

Registrar

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 17 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____,

and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: Spontaneous Premature birth Gestation 4 mo.

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

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

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) T. J. Edge, M. D.12/17, 1930 (Address) Graham W. Va.

*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.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Graham 12/17 30

20 UNDERTAKER ADDRESS

M. B. McDowell Graham

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NEVER REWRITED FOR READING

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.