

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

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Hessler 7

Inc. Town.....

City.....

Registration District No. 1092Primary Registration District No. 1087

(No. .... St., .... Ward)

File No. 18356

Registered No. ....

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

2 FULL NAME James Booth Buckley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Jan 5 1864  
(Month) (Day) (Year)7 AGE 64 yrs. 5 mos. 12 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).....9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country).....

12 MAIDEN NAME OF MOTHER.....

13 BIRTHPLACE OF MOTHER (State or country).....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Simons(Address) Central city Pa.15 Filed 7/18/28 1928 C. B. Wickliffe Registrar

11-5164

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 17 1928  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to July 17, 1928, that I last saw him alive on July 8, 1928, and that death occurred on the date stated above at 6:30 P.The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis(Duration) ..... yrs. 6 mos. .... ds.  
Contributory (Secondary).....(Signed) Ganderson, M. D.  
7/17, 1928 (Address) Greenville S.

\*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 ..... yrs. .... mos. .... ds. In the  
of death..... yrs. .... mos. .... ds. State..... yrs. .... mos. .... d.Where was disease contracted,  
if not at place of death?.....  
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Ashey Bg July 18 1928

20 UNDERTAKER ADDRESS

M B McDonald GreenvilleBy M. Wello

WRITE PLAIN 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.

MARGIE REMOVED FOR INDEXING