

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County MuhlenbergFile No. 303678Registered No. 303678Vot. Pot. Central CityRegistration District No. 1081Inc. Town Central CityPrimary Registration District No. 35City Central City(No. St., Ward)2 FULL NAME George Bumm

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

7 AGE

55 yrs. mos. ds.IF LESS than 1
day hrs.
or min?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) Unknown10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER
(State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER
(State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. R. Roberts(Address) Manassas Ky15 Filed 1925-4-2 Blanchard Registrar

11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct. 24, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from , 1925, to , 1925,that I last saw him alive on , 1925,and that death occurred on the date stated above at 11 a.m.

The CAUSE OF DEATH* was as follows:

Accidental death caused by
Explosion while firing
defective boiler(Duration) yrs. mos. ds.Contributory
(Secondary)(Duration) yrs. mos. ds.(Signed) R. G. Allen Coroner Muh. Co.
Oct 24, 1925 (Address) Central City, Ky.

*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. In the State yrs. mos. ds.

Where was disease contracted,

if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Whitesville Ky Oct 25, 1925

20 UNDERTAKER

ADDRESS

Arthur L. Mosley Central City, Ky.Person accompanying Body
Rox. Mansfield

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.