

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. 8

Registration District No. 2128

Ino. Town Pearsod

Primary Registration District No.

City

(No. St., Ward)

2 FULL NAME

Geibel Isaac Clark

File No. 23438

Registered No. 7128

[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, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Nov 4, 1899
(Month) (Day) (Year)

7 AGE 17 yrs. 8 mos. 23 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) Kentucky

PARENTS

10 NAME OF FATHER G. C. Clark

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Genette Pearsod

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)

(Address)

15 Filed Sept 10, 1917 Hallie B. Bewley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 27, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 20, 1917, to Aug 27, 1917, that I last saw him alive on 27, 1917, and that death occurred on the date stated above at 2:30 p.m. The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) ... yrs. ... mos. 9 ds.

Contributory (SECONDARY) Appendicitis (Duration) ... yrs. ... mos. 1.2 ds
(Signed) E. M. Bewley, M. D.
Sept 18, 1917 (Address) Pearsod Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (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 Williams Cemetery DATE OF BURIAL Aug 28, 1917

20 UNDERTAKER W. Rector ADDRESS Union

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.