

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5940

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. E. Rogers

Ino. Town

City

Registration District No. 871

Primary Registration District No. 7127

File No.

Registered No. 21

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

(No. St., Ward)

2 FULL NAME Joseph Cobb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE 80 yrs. mos. ds.
IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Graves Co. Ky

10 NAME OF FATHER Charles Cobb

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Polly Anthony

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. M. Rogers
(Address) Greenville, Ky.

15 Feb. 1, 1914 Greenville
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1914, to Feb 28, 1914, that I last saw him live on Feb 28, 1914, and that death occurred on the date stated above at 7:30 am. The CAUSE OF DEATH* was as follows:

Dilatation of Heart.

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) D. B. Shelton, M. D.
Feb 28, 1914 (Address) Greenville

*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 REGENT 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 St. Louis Burial Ground, Me. Co., Mo.

20 UNDERTAKER McDonald & Witt, Greenville

ADDRESS Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Cause of DEATH is very important. See instructions on back of certificate.