

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

11739

File No. _____

Registered No. 19

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

1 PLACE OF DEATH

County Muhlenberg
Vot. Pct. Prohibition #32Registration District No. 1088
Primary Registration District No. 6822

Inc. Town _____ City _____ (No. _____) Ward _____

2 FULL NAME Samuel Cobb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE american 5 Single Married married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH December 2nd 1877
(Month) (Day) (Year)7 AGE 54 yrs. 3 mos. 27 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

PARENTS

10 NAME OF FATHER Jacob Cobb11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.12 MAIDEN NAME OF MOTHER Josephine Bell13 BIRTHPLACE OF MOTHER (State of country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Cobb
(Address) Drakesboro Ky.15 Filled 6-9-1927 J. H. Binning Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Friday 1926, to March 29 1927, that I last saw alive on March 29 1927, and that death occurred on the date stated above at 11 A.M.The CAUSE OF DEATH* is as follows:
Coronary Artery of the Left
Stenosed
(Duration) 1 yrs. 13 mos. — ds.

Contributory (Secondary) _____

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

(Signed) Wm. H. Stewart, M. D.1927 (Address) Muhlenberg Co. Ky.
*State the Disease Causing Death, or, in deaths from Violent Causes write (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place _____ 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

Bell Cemetery March 30 1927

20 UNDERTAKER ADDRESS

I. H. Stewart Beech Creek Ky.

REMARKS RESERVED FOR RECORDING

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 language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.