FORM V S 1-3004

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 9108

Registered No.

Registration District No. 67A 7133

Primary Registration District No.

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

1 PLACE OF DEATH
County Muhlenberg
Vet. Pct. 13
Ins. Town Longgrassy Ky.
City (No. St., Ward)

2 FULL NAME Lawrence Elbert Coleman

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: June (Month) 9 (Day) 1911 (Year)
7 AGE: 5 yrs. 9 mos. — ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(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: Walter Coleman
11 BIRTHPLACE OF FATHER (State or country): Muhlenberg Co. Ky
12 MAIDEN NAME OF MOTHER: Gertie Tyson
13 BIRTHPLACE OF MOTHER (State or country): Muhlenberg Co. Ky
14 I HEREBY CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Coleman
(Address) Johnston City Ill.
15 Filed March 10, 1917 C. Bedwell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 6 (Day) 1917 (Year)
17 I HEREBY CERTIFY, That I attended deceased from March 2, 1917, to March 6, 1917, that I last saw him alive on March 6, 1917, and that death occurred on the date stated above at 12 M. The CAUSE OF DEATH* was as follows:
Laryngeal Diphtheria
12 hours
(Duration) yrs. mos. ds.
Contributory (SECONDARY) Measles
(Duration) yrs. mos. 6 ds.
(Signed) C. O. G. M. Chittakers M. D.
March 10, 1917 (Address) Greenville, 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: Oak Grove Cem. — DATE OF BURIAL: March 10, 1917
20 UNDERTAKER: McDonald & DeWitt — ADDRESS: Greenville Ky

11—3184

R. E.—Every item of information should be carefully considered, complete, and accurate. All questions must be answered CORRECTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be understood by the public. Indefinite or obscure terms of OCCUPATION is very important. See instructions on back of certificate.