

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. 2 Registration District No. 871

Inn. Town..... Primary Registration District No. 7137

City..... (No..... St.,..... Ward)

3 FULL NAME Walter Roy Coleman

File No. 16489  
Registered No. 43

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

**PERSONAL AND STATISTICAL PARTICULARS**

8 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH Jan 2, 1913  
(Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 14 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER Walter Coleman

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Gertrude Tyson

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. T. Skarp

(Address) Greensville, Ky

15 June 17, 1914 W. H. Grandin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH June 16, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1914, to June 16, 1914, that I last saw him alive on June 16, 1914, and that death occurred on the date stated above at 9:50 a.m. The CAUSE OF DEATH\* was as follows:

Managers

(Duration) 5 yrs. 5 mos. 5 ds.

Contributory (SECONDARY)

(Duration) 5 yrs. 5 mos. 5 ds.

(Signed) H. H. Grant, M. D.

June 17, 1914 (Address) Greensville, 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 5 yrs. 5 mos. 5 ds. State 5 yrs. 5 mos. 5 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove Pky DATE OF BURIAL June 17, 1914

20 UNDERTAKER McDonald & Dewitt ADDRESS Greensville, Ky

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 B. B.—Every item of information in it is carefully checked. All deaths are reported to the State Board of Health. The cause of death is stated in plain terms, so that it may be properly recorded. See instructions on back of certificate. Cooperation is very important.