

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

## 1 PLACE OF DEATH

County MuhlenburgVol. Pat. PenrodInc. Town DunmoreCity Dunmore (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)File No. 25955

Registered No. \_\_\_\_\_

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

2 FULL NAME Robert Linton Collier

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 20, 1908  
(Month) (Day) (Year)

7 AGE 4 yrs. 3 mos. 7 ds. 18 or 19 min.?  
If LESS than 1 day. hrs.

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

9 BIRTHPLACE (State or country) Dunmore Ky

10 NAME OF FATHER Robert M Collier

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

12 MAIDEN NAME OF MOTHER Onnie King

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed A Collier

(Address) Dunmore Ky

15 Filed Oct 7, 1912 M. L. Bewley

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Oct 7, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1912, to Oct 7, 1912,

that I last saw him alive on Oct 7, 1912, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Membranous Epiglottitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory \_\_\_\_\_ (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

(Signed) J. G. Turner M. D.  
Oct 8, 1912 (Address) Dunmore 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 Dunmore DATE OF BURIAL Oct 8, 1912

20 UNDERTAKER W. Rector ADDRESS Dunmore, Ky