

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

9930

File No. _____

Registered No. 159

1. PLACE OF DEATH

County Christian

Vot. Pot. _____

Registration District No. 350

Ino. Town _____

Primary Registration District No. 2115City Hopkinsville, Ky.

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

2. FULL NAME Baby Donald Keith Cox(a) Residence. No. Beverly Ky St., _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Jan 26 - 19367. AGE Years Months Days Stillborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Hopkinsville Ky.13. NAME Mr Willie Cox14. BIRTHPLACE Laurel Co. Ky.15. MAIDEN NAME Mrs Jenkins16. BIRTHPLACE Butler County Ky.17. INFORMANT Mr Willie Cox(Address) Beverly Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Buried Date Jan 27, 193619. UNDERTAKER Arthur H. Mosley(Address) Central City Ky.20. FILED April 27, 1936 Ruth Bayly

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:

Still Born 215 Date of onset _____
Never Breathed
Contributory causes of importance not related to principal cause: _____Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Geo. J. Garter M. D.
(Address) Hopkinsville Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.