

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

20750

PLACE OF BIRTH
County Muhlenberg

Vol. Pat. 15

Inc. Town Cleaton, Ky

City (No. _____ St. _____ Ward _____)

7135

File No. _____

Registered No. 67

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

FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
DATE OF BIRTH Aug 13, 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day... hrs. or... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (state or country) Ky.

PARENTS
10 NAME OF FATHER Ben Cot.
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Lina Doddie
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Cot.
(Address) Cleaton, Ky.

15
Filed Aug 14, 1912 W. H. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 13, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That deceased deceased from Aug 13, 1912 to Aug 13, 1912 that I last saw him alive on _____, 1912 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was Stillborn
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L. Roy Willis M. D.
Aug 13, 1912 (Address) Cleaton, Ky.

18 State the DISEASE CAUSING DEATH OR, in deaths from VIOLENT CAUSES, state (1) NATURE of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(1) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ 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 Warrington, Ky DATE OF BURIAL Aug 14, 1912
20 UNDERTAKER J. L. Thomas ADDRESS Cleaton, Ky

STILLBORN

Be very sure of information furnished. All should be checked carefully. Physicians should check on facts in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.