

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

File No. _____

Registered No. 3

1 PLACE OF DEATH
County Muhlenberg

Vet. Pat. Ernie, Ky Registration District No. 1097

Ine. Town _____ Primary Registration District No. 2866

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Newman Craig

(a) Residence. No. Beltor, Ky St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) May 27, 1935

7. AGE Years _____ Months _____ Days _____
LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no occupation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Muhlenberg Co., Ky

13. NAME Oscar Craig

14. BIRTHPLACE (city or town) (State or country) Muhlenberg Co., Ky

15. MAIDEN NAME Essie Lee Knight

16. BIRTHPLACE (city or town) (State or country) Muhlenberg Co., Ky

17. INFORMANT Oscar Craig
(Address) Beltor, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Ernie, Ky Date May 24, 1935

19. UNDERTAKER Charlie Sumner
(Address) Ernie, Ky

20. File May 27, 1935 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 27, 1935
I HEREBY CERTIFY, That I attended deceased from 9:20 May 27, 1935 to 9:30 P.M. May 27, 1935
I last saw him alive on 9:30 P.M. May 27, 1935 death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Premature birth
6th month

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
What test confirmed diagnosis? He Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury May 27, 1935

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) H. D. Newman, M. D.
(Address) Proctor, Ky

N. B.—WRITE PLAINLY. W. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.