

Commonwealth of Kentucky
STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15778

1 PLACE OF DEATH
County Muhlenberg

Vol. No. Ext. 12

Inn. Town

City

Registration District No. 271

Primary Registration Dist. No. 7132

File No.

Registered No. 53

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

2 FULL NAME Stille Barn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH June 10, 1912
(Month) (Day) (Year)

6 DATE OF BIRTH June 10, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1912, to June 10, 1912, that I last saw him alive on June 10, 1912, and that death occurred, on the date stated above, at 3 P.M.

7 AGE 1 yrs. 0 mos. 0 ds. IF LESS than 1 day, MRS. OR I. M.?

The CAUSE OF DEATH* was as follows:

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

Stille Barn
Stille Barn
(Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Muhlenberg County Ky

Contributory (SECONDARY) (Duration) yrs. mos. ds.

PARENTS

10 NAME OF FATHER Richard Craig

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

12 MAIDEN NAME OF MOTHER Dora Weeks

13 BIRTHPLACE OF MOTHER (State or country) not known

(Signed) G. B. Martin, M. D.
June 10, 1912 (Address) Greenville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. R. Wicks (Address) Lugersville Ky

(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

15 Filed June 11 1912 J. H. Stransler REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Rebo Burying ground DATE OF BURIAL June 11 1912

20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

U. S. - Every item of information should be carefully supplied. AGE should be stated in U. S. years unless stated otherwise. CAUSE OF DEATH in plain English on that it may be properly classified. Ext. record of OCCUPATION is very important. See instructions on back of certificate.