

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

1 PLACE OF DEATH

County Muhlenberg  
Vol. Co. Carrollton

Registration District No. 7121

File No. 16472  
Registered No. 610

Ino. Town..... Primary Registration District No. ....

City..... (No..... St.,..... Ward)

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

3 FULL NAME Charles A. Crawford

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Feb. 15, 1899  
(Month) (Day) (Year)

7 AGE 65 yrs. 3 mos. 18 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Kelso Co. Ky.

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edgar Nicholls  
(Address) Moorman Ky.

15 Filed June 9, 1914 Ch. A. Crawford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 9th, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1914, to June 3, 1914, that I last saw him alive on June 3, 1914, and that death occurred on the date stated above at 3 P.M. The CAUSE OF DEATH\* was as follows:

Permeation of Malarial Toxin  
(Duration)..... yrs. 1 mos. 6 ds.

Contributory (Secondary) Gastritis  
(Duration)..... yrs. .... mos. 3 ds.

(Signed) J. R. Barner, M. D.  
June 3, 1914 (Address) So. Carrollton 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 West Hill DATE OF BURIAL June 4, 1914

20 UNDERTAKER H. B. Daniel ADDRESS Moorman Ky.

WRITE PLAINLY, WITH SPACING (SEE THIS IS A PERMANENT RECORD)

Be sure names of informants will be correctly spelled. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly coded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.