

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

PLACE OF DEATH
County Muskegon
Reg. District No. 10
Vot. Pot. Nelson Ky
Primary Registration District No. 10
Inc. Town Nelson Ky
City Nelson Ky (No. 10) St., Nelson Ward) 14
File No. 14
Registered No. 14
If death occurred in a hospital, street car, or street car station, give the location.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)
6 DATE OF BIRTH <u>June 7, 1858</u> (Month) (Day) (Year)		
7 AGE <u>80</u> yrs. <u>23</u> mos. <u>23</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, Profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) <u>Organic Acid Factory</u> <u>(Medical Registration)</u>		
9 BIRTHPLACE (State or country) <u>Kentucky</u>		
PARENTS	10 NAME OF FATHER <u>Henry Buckles</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Anna Greenwatt</u>	
13 BIRTHPLACE OF MOTHER (State or country)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1918, to June 30, 1918, that I last saw him alive on June 26, 1918, and that death occurred on the date stated above at 3:30 p.m. THE CAUSE OF DEATH was as follows:
Organic Acid Poison
(Medical Registration)
(Duration) 3 yrs. mos. ds.
Contributory Old Age
(SECONDARY) (Duration) yrs. mos. ds.
(Signed) J. P. Ferguson, M. D.
June 30, 1918 (Address) Rockport 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Preston Spicer
Nelson Ky.
(Address) Nelson Ky.

15 Filed 7/1, 1918 S. O. Maple REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Nelson Creek DATE OF BURIAL 7/11, 1918

20 UNDERTAKER J. C. Williams ADDRESS Rockport Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

No. 2—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.