Form V. S. 1—125m—6-19-19

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. #32

Inc. Town Drakesboro

City

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1088

Primary Registration District No. 2437

(No. St., Ward)

File No. 1 2161

Registered No. 1

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

2 FULL NAME James Cross

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single Married Widowed or Divorced (Write the word): Single

6 DATE OF BIRTH: November 19 1909 (Month) (Day) (Year)

7 AGE: 17 yrs. 1 mos. 19 ds.

IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country): Ky

PARENTS

10 NAME OF FATHER: Burr Weir

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER: Lucy Morgan

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Georgia Darsey

(Address) Drakesboro Ky

15 Filed 1-12, 1927 J B Kimmel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 8, 1927 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12-25-, 1926, to 1-8-, 1927, that I last saw him alive on 1-8-, 1927, and that death occurred on the date stated above at 2 a.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(Duration) ..... yrs. ..... mos. 14 ds.

Contributory (Secondary)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. P. Haralson, M. D.

1/11/27, 1927 (Address) Drakesboro 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: Smith Cemetery

DATE OF BURIAL: 1-9-, 1927

20 UNDERTAKER: Blake Finch

ADDRESS: Drakesboro Ky

11—3184

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement very important. See instructions on back of certificate.