

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **10413**
Registered No. **12**

1 PLACE OF DEATH

County **Muhlenberg**Vot. Pct. **# 32**Registration District No. **1088**

Inc. Town

Primary Registration District No. **2437**City **Drakesboro Ky**

(No. St. Ward)

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

2 FULL NAME **Jae Cross**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE negro	5 Single <input checked="" type="checkbox"/> Married Widowed or Divorced (Write the word) yes
6 DATE OF BIRTH March 12 1886 (Month) (Day) (Year)		
7 AGE 42 yrs. 11 mos. 6 ds. IF LESS than 1 year day hrs. min?		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) mint		
9 BIRTHPLACE (State or country) Tenn		

PARENTS	10 NAME OF FATHER not no
	11 BIRTHPLACE OF FATHER (State or country) not no
	12 MAIDEN NAME OF MOTHER T H
	13 BIRTHPLACE OF MOTHER (State or country) ''

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Kashti Cross**(Address) **Drakesboro Ky**15 Filed **Mar 7**, 1929 **J. R. Kinnard**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
March 5, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **March 5**, 1929, to **March 5**, 1929, that I last saw him alive on **March 5**, 1929, and that death occurred on the date stated above at **5 P.M.**

The CAUSE OF DEATH was as follows:
Inflammation of Brain & suprase cerebros spinal Meningitis
(Duration) yrs. mos. **2** ds.

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

(Signed) **J. D. Lundy**, M. D.
3 6, 1929 (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 in the State
of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,

if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Drakesboro Ky **March 6**, 1929
20 UNDERTAKER
Blake Finch ADDRESS **Drakesboro Ky**

MARGIN RESERVED FOR BINDER

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

N. B.—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.