

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

1 PLACE OF DEATH
County Martin
Vol. 15 Oleaton Registration District P. 135
Ino. Town Oleaton Primary Registration District No. 135
City Oleaton (No. 135 St., Oleaton Ward) 135
2 FULL NAME Bryant Cundiff

File No. 5-23
Registered 5-23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)
6 DATE OF BIRTH April 24, 1849
(Month) (Day) (Year)
7 AGE 68 yrs. 10 mos. 4 ds.
IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work Captain
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) ky
10 NAME OF FATHER B. Cundiff
11 BIRTHPLACE OF FATHER (State or country) ky
12 MAIDEN NAME OF MOTHER S. G. Wickliffe
13 BIRTHPLACE OF MOTHER (State or country) ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bill Cundiff
(Address) Oleaton
15
Filed 2-28, 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 28, 1918
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1918, to Feb. 28, 1918, that I last saw him alive on Feb. 28, 1918, and that death occurred on the date stated above at m. THE CAUSE OF DEATH' was as follows:

Acute Pharyngitis
(Duration) 5 yrs. 5 mos. 5 ds.
Contributory (SECONDARY) None
(Duration) None yrs. None mos. None ds.
(Signed) T. B. Shahan, M. D.
2-28, 1918 (Address) Lebanon, 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 None yrs. None mos. None ds. In the State None yrs. None mos. None ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Wickliffe ky
20 UNDERTAKER J. L. Thomas
ADDRESS Oleaton
OF BURIAL 1, 1918

MARGIN RESERVED FOR ENDING

WRITE PLAINLY WITH 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.