

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

1 PLACE OF DEATH
County Madison
Vot. Pot. 6
Inc. Town Paradise
City _____ (No. _____ St.; _____ Ward)

File No. **25737**

Registered No. 7126

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

2 FULL NAME Marion Cundiff

7126

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH **DELAY**

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

11 DATE OF DEATH Aug 17, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH Feb 6, 1848
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1912, to Aug 16, 1913, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 4 P.M.

7 AGE 65 yrs., 6 mos., 22 ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Myocardial Pneumonia

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

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Chronic Tuberculosis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) Madison County

(Signed) J. Smith M. D.
Aug 18, 1913 (Address) Madison Co

10 NAME OF FATHER John Cundiff

11 BIRTHPLACE OF FATHER (State or country) Madison Co.

12 MAIDEN NAME OF MOTHER Mattie Perce

13 BIRTHPLACE OF MOTHER (State or country) Madison Co.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John C. Cundiff
(Address) Paradise Ky

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 37 yrs. 6 mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

15 Filed Aug 18, 1913 A. M. Smith REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Westwell Church DATE OF BURIAL Aug 19, 1913

20 UNDERTAKER H. A. Manney ADDRESS _____

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