

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 5

1 PLACE OF DEATH

County Muhlenberg
Vot. Pat. X 32
Ino. Town Seckersville
City _____ (No. _____ St., _____ Ward)
Registration District No. 1088
Primary Registration District No. 2437
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jefferson Davis Cundiff

(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 Single Married Widowed or Divorced married
(Write the word)

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH April 10 1867
(Month) (Day) (Year)

7 AGE 69 yrs. 9 mos. 26 ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (city or town) _____
(State or country) Ky.

PARENTS
10 NAME OF FATHER Ben Cundiff
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Ky.
12 MAIDEN NAME OF MOTHER Polly Evans
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Ky.

14 (Informant) Mr. J. P. Cundiff
Seckersville Ky.
(Address)

15 Filed 2-6 1932
J. K. Kimmel
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 5 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 4th 1932 to Feb 5 1932 that I last saw him alive on Feb 5th 1932 and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:
Angina Pectoris

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

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) John P. Walton, M. D.
Feb. 6, 1932 (Address) Central Ky. Ky.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL 2-6 1932

20 UNDERTAKER Arthur R. Mosley ADDRESS Central City Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions on back of certificate.