

## 1 PLACE OF DEATH

County MuhlenbergVol. Pct. Hummus

Inc. Town.....

City..... (No..... St., Ward)

KENTUCKY  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1090Primary Registration District No. 2434

File No. ....

Registered No. ....

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

2 FULL NAME C. B. Hummuss

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH April 17, 1894  
(Month) (Day) (Year)7 AGE 54 yrs. 10 mos. 11 ds. IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Logan Co.10 NAME OF FATHER John Hummuss11 BIRTHPLACE OF FATHER (State or country) Logan Co.12 MAIDEN NAME OF MOTHER Little Wellman13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. C. B. Hummuss(Address) Hummus Ky15 Filed 2/24, 1925 T. Alexander Registrar  
Hummus Ky

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17, 1929  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw h..... alive on....., 192....., and that death occurred on the date stated above at.....m.

THE CAUSE OF DEATH\* was as follows:

T. B. as seen stated by their family physician who is now dead.

Witness (duration)..... yrs..... mos..... ds.

Contributory (Secondary) None  
Clay Whitaker  
(duration)..... yrs..... mos..... ds.

(Signed)....., M. D.

....., 192..... (Address).....

\*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..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL New Hebron DATE OF BURIAL 2/18, 192920 UNDERTAKER B. J. Hargreaves ADDRESS Lewisburg Ky