

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

11174

1 PLACE OF DEATH
County SmithsburgFile No. 11174Vet. Pat. Central CityRegistration District No. 1587Registered No. 16Inc. Town Central CityPrimary Registration District No. 2405

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

City (No. St., Ward)

3 FULL NAME Samuel J. Deamond

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single Married Widowed Divorced Adorned
(Write the word)6 DATE OF BIRTH Aug 31st 1889
(Month) (Day) (Year)7 AGE 46 yrs. 7 mos. 15 ds. IF LESS than 1 day or min?
or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Barman
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER James Deamond11 BIRTHPLACE OF FATHER (State or country) North Carolina12 MAIDEN NAME OF MOTHER Mary Simons13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. W. Deamond
(Address) Central City Ky

15

Filed April 16, 1926 L. B. Bland
Registrar

11-2104

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 15th 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 12, 1926, to April 15, 1926, that I last saw him alive on April 14, 1926, and that death occurred on the date stated above at 1:30 p.m.The CAUSE OF DEATH* was as follows:
apoplexy(Duration) 4 yrs. 4 mos. 4 ds.Contributory (Secondary) Senility(Duration) 7 yrs. 0 mos. 0 ds.(Signed) W. P. Shaffer M. D.
Apr 16, 1926 (Address) Central City, 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 Central City in the State of Ky in the year 1926 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

Deamond Ky 4/17/1926

20 UNDERTAKER ADDRESS

T. J. Anderson Central City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.

MARKED RESERVED FOR SERVICE