

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Washington

Vot. Pot. # 5

Ino. Town

City Drakesboro Ky. (No. St. Ward)

Registration District No. 872

Primary Registration District No. 7125

File No. 2572

Registered No. 6

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

2 FULL NAME Jordan William Dickerson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE color 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Jan 2, 1914
(Month) (Day) (Year)

7 AGE yrs. mos. 40 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Washington

10 NAME OF FATHER Jordan Dickerson

11 BIRTHPLACE OF FATHER (State or country) Todd Mo Ky

12 MAIDEN NAME OF MOTHER Hines

13 BIRTHPLACE OF MOTHER (State or country) Ohio County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gene Dickerson

(Address) Drakesboro Ky

15 Filed 1-21, 1914 J. H. Kinnaman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 21, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1914, to Jan 19, 1914, that I last saw him alive on Jan 19, 1914, and that death occurred on the date stated above at 3 a.m. THE CAUSE OF DEATH was as follows:

Mal-nutrition

(Duration) 20 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. H. James, M. D.
Jan 21, 1914 (Address) Drakesboro

(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 yrs. mos. ds. 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 Smiths Lane Yard DATE OF BURIAL Jan 21, 1914

20 UNDERTAKER W. B. Bridges ADDRESS Drakesboro Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

2. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.