

1 PLACE OF DEATH

County MadisonVot. Pot. Central CityInc. Town Central CityCity Central City

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1087Primary Registration District No. 4/35

(No. _____ St., _____ Ward)

2 FULL NAME Mrs. W. DossFile No. 30402Registered No. 27

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

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 Aug 13 1889
(Month) (Day) (Year)7 AGE 86 yrs. 3 mos. - 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) Illinois10 NAME OF FATHER John A. Doss11 BIRTHPLACE OF FATHER (State or country) Illinois12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. Doss(Address) Central City, Ky15 Filed 11/15, 1925 - A. L. Casper

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 13th 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1925, to Nov 13, 1925that I last saw him alive on Nov 9, 1925, and that death occurred on the date stated above at 8:00 a.m.The CAUSE OF DEATH was as follows:
Heart Disease(Duration) _____ yrs. 2 mos. _____ ds.

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

(Signed) W. H. Staller M.D. (Address) Central City

*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 Green River Chapel DATE OF BURIAL 11/15/2520 UNDERTAKER E. J. Anderson ADDRESS Central City

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

K. 6—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.