

STATE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County MuhlenbergVot. Precinct Central CityRegistration District No. 1087Registered No. 51Inc. Town Primary Registration District No. 2435City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Louis White Doss(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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
Married
Widowed
Or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 DATE OF BIRTH March 23 1886
(Month) (Day) (Year)

7 AGE

59 yrs. 2 mos. 8 ds.IF LESS than 1
day hrs.
or min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Ind
(State or country)10 NAME OF FATHER Geo W Doss11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)12 MAIDEN NAME OF MOTHER Elizabeth Fisher13 BIRTHPLACE OF MOTHER (city or town) Ind
(State or country)14 (Informant) Hubert M Doss(Address) C. C. R. F. H. 215 Filed June 1, 1928. A. L. Bradford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 31 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from 4-1- 1927, to 5-31- 1928
that I last saw him alive on 5-31- 1928and that death occurred on the date stated above at 5-31- 1928.
The CAUSE OF DEATH* was as follows:
2. B. of infection(Duration) 1 yrs. mos. ds.Contributory (Secondary) 2. B. of infection(Duration) 2 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) J. H. Kelley, M. D.5-31, 1928 (Address) Central City 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 DATE OF BURIAL

Bluff June 1, 192820 UNDERTAKER Arthur L. 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. AGGRAVATED AND EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exa. statement of OCCUPATION is very important. See instructions on back of certificate.

MAILED SEPTEMBER 20 1928