

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
City North Ward
Inc. Town
City Central City (No. _____ St. _____ Ward _____)

Registration District No. 870
Primary Registration Dist. No. 2455

File No. 26803
Registered No. 43

2 FULL NAME J. A. Watson

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) —
6 DATE OF BIRTH Jan 16 1914
(Month) (Day) (Year)
7 AGE 4 yrs. 11 mos. 13 ds. If LESS than 1 day... hrs. or... min.?

8 DATE OF DEATH Sept. 30 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 17 1914 to Oct. 20 1914 that I last saw him alive on Oct. 20 1914

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:
Embolic

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) Muhlenberg Co

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

(Signed) Harry J. Edwards M. D. (Address) Central City
Oct. 17 1914

10 NAME OF FATHER Raymond Watson

11 BIRTHPLACE OF FATHER (State or country) Illinois

12 MAIDEN NAME OF MOTHER Della M. Patton

13 BIRTHPLACE OF MOTHER (State or country) Ohio

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(13) 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Watson
(Address) Central City Ky

19 PLACE OF BURIAL OR REMOVAL Fairmount Cemetery DATE OF BURIAL Oct. 31 1914

20 UNDERTAKER Martin Moore ADDRESS Central City Ky

Filed _____, 1914 A. L. Blandford REGISTRAR

U. S. - Every item of information should be carefully verified. AGE should be stated in FULLY. 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.