

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg Co

Vol. Pat. St. Louisville

Inn. Town

City

Registration District No. 220B

Primary Registration Dist. No. 7

File No. 11040

Registered No.

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

3 FULL NAME Robert Draper

PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 4 COLOR OR RACE wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH 2 26, 1830
(Month) (Day) (Year)

7 AGE 56 yrs. 4 mos. 3 ds. If LESS than 1 day....hrs, or....min.?

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

9 BIRTHPLACE (State or country) Texas

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Guy Draper
(Address) Knightburg Ky

15 April 2, 1912 Chas Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 19, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1910, to 1911, that I last saw him alive on Mar 30, 1912, and that death occurred, on the date stated above, at M.

The CAUSE OF DEATH* was as follows: Tuberculosis

Contributory Bronchitis
(Duration) yrs. mos. ds.

(Signed) Wm. Westerfield M. D.
4-20, 1912 (Address)

*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 Simons Chapel DATE OF BURIAL, 191.....

20 UNDERTAKER Messert Co ADDRESS Rockford Ky

WRITE PLAINLY. WITH WRITING INK-TYPE IS A PREFERRED METHOD. 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.