Form V. S. 1—50m—1-27-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 4806
Registered No. 12

1 PLACE OF DEATH
County [illegible]
Vot. Pct. [illegible] Registration District No. 10187
Inc. Town Central City Primary Registration District No. 2435
City [illegible] (No. [illegible] St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME [illegible]

(a) Residence. No. [illegible] St., [illegible] Ward.
(Usual place of abode)
Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S., if of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (Write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6 DATE OF BIRTH [illegible] (Month) [illegible] (Day) 1 (Year)

7 AGE 64 yrs. [illegible] mos. [illegible] ds.
IF LESS than 1 day [illegible] hrs. or [illegible] min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work [illegible]
(b) General nature of industry, business or establishment in which employed (or employer) Coal Mines

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS
10 NAME OF FATHER Ben Webster
11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky
12 MAIDEN NAME OF MOTHER [illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 (Informant) Robert Webster
(Address) Central City Ky

15 Filed 2-8-, 1928 A L Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH [illegible] (Month) [illegible] (Day), 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased
from [illegible], 19[illegible], to [illegible], 19[illegible],
that I last saw h[illegible] alive on [illegible], 19[illegible],
and that death occurred on the date stated above at 4 P m.
The CAUSE OF DEATH* was as follows:

[illegible]
Abscess Liver
[illegible]
[illegible] (Duration) 1 yrs. 6 mos. [illegible] ds.

Contributory (Secondary) [illegible]
[illegible] (Duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? [illegible]
Did an operation precede death? [illegible] Date of [illegible]
Was there an autopsy? [illegible]
What test confirmed diagnosis? [illegible]

(Signed) E. J. Anderson Coroner, M.D.
2-7-, 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 Hays Cemetery — DATE OF BURIAL 2-7-, 1928
20 UNDERTAKER E. J. Anderson — ADDRESS Central City Ky

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

N. B.—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.