

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

18743

1 PLACE OF DEATH

County Muhlenberg

Vet. Post 1st Bn 1st Cav

Inn. Town Lyons

City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1099

Primary Registration District No. 6822

File No. _____

Registered No. _____

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

2 FULL NAME Mildred Duncan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE col 5 Single Boy
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH July 26 1922
(Month) (Day) (Year)

7 AGE 17 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Muhlenberg

PARENTS
10 NAME OF FATHER Nelson Duncan
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg
12 MAIDEN NAME OF MOTHER Leroy Duncan
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nelson Duncan
(Address) Lyons 134

Filed July 27 1922
Duncan

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 26 1922
DEATH (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 1, 1922, to July 26, 1922, that I last saw him alive on July 25, 1922, and that death occurred on the date stated above at Lyons.

The CAUSE OF DEATH* was as follows:
Tuberculosis of the lung

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

(Signed) R. B. Bailey M. D.
July 27 1922 (Address) Lyons
(*State the Disease Causing Death, or, if death from violence, 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 Lyons DATE OF BURIAL July 27 1922

20 UNDERTAKER J. C. Lloyd ADDRESS Lyons

NAMES PRINTED FOR THE REGISTERED MEDICAL EXAMINER TO SIGN. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.