FORM V S 1-500M 3-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 24057

Registered No. 84

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. East Bogard Registration District No. 871

Inc. Town ..... Primary Registration District No. 7137

City ..... (No. ..... St., ... Ward)

2 FULL NAME Earle Frank Durall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word)
Male	White	Single

6 DATE OF DATE OF BIRTH: Oct. 26, 1914 (Month) (Day) (Year)

7 AGE: X yrs. 1 mos. X ds. — IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Muhlenberg County

PARENTS

10 NAME OF FATHER: Luther Durall

11 BIRTHPLACE OF FATHER (State or country): Mule Co.

12 MAIDEN NAME OF MOTHER: Hazel Sparks

13 BIRTHPLACE OF MOTHER (State or country): Mule Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jane Durall

(Address) R.F.D. #1, Greenville, Ky.

15 Filed 12-7, 1914. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 26. 1914. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1914, to Nov. 25, 1914, that I last saw him alive on Nov. 25, 1914, and that death occurred on the date stated above at 3:22 p.m. The CAUSE OF DEATH* was as follows:

Compound Pneumonia

(Duration) .... yrs. ..... mos. 3 ..... ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Woodbury, M. D.

11/28, 1914 (Address) Bremen, Ky.

*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	DATE OF BURIAL
East Union	11/27, 1914
20 UNDERTAKER: Orien L. Rook	ADDRESS: [redacted]

11—5154

MARGIN RESERVED FOR BINDING

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.