

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

23311

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Godham
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)

File No. 38
Registered No. 7140

FULL NAME Norman Coleman Earle

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>Dec. 15, 1910</u> (Month) (Day) (Year)		
7 AGE <u>1 yrs. 9 mos. 21 ds.</u>		8 IF LESS THAN 1 day... hrs., or... min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>		
10 BIRTHPLACE (state or country) <u>Muhlenberg Co, Ky</u>		
PARENTS	10 NAME OF FATHER <u>Lester Earle</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Coleman</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co Ky</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James B. Coleman
(Address) Godham, Ky

15 Filed Sept 20, 1912 Thos A. Godhouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1912, to Sept 15, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 4.6 a.m.

The CAUSE OF DEATH* was as follows:

Colitis

(Duration) _____ yrs. _____ mos. 22 ds.
Contributory _____
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) B. G. Angabrite, M. D.
Sept 14, 1912 (Address) Deputy Ky

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

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON 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
Urgins Chappin
20 UNDERTAKER
Thamson Moran
DATE OF BURIAL
Sept 20, 1912
ADDRESS
Deputy Ky

WRITE PLAINLY, WITH CURSIVE OR TYPE IN A PERMANENT INK

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.