

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

File No. 16487

1 PLACE OF DEATH
County: Muhlenberg

Vet. Pot. East. B. 1/2 Registration District No. 871

Ino. Town: Primary Registration District No. 7132

City: No. St., Ward)

2 FULL NAME Robert Easton

Registered No. 16487
(If death occurred in a hospital or institution give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

6 DATE OF BIRTH: 1 (Month) (Day) (Year)

7 AGE: 5 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE: Muh. Co. Ky.
(State or country)

10 NAME OF FATHER: James Easton

11 BIRTHPLACE OF FATHER: Kentucky
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Frank Steels

(Address): P. O. Box, Ky.

15 Date: June 19, 1914 Registrar: H. H. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 19, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1914, to June 18, 1914, that I last saw him alive on June 18, 1914, and that death occurred on the date stated above at 8 P.M. The CAUSE OF DEATH was as follows:

Dysentery

(Duration) ... yrs. ... mos. ... ds. 8

Contributory (SECONDARY) none

(Signed) T. B. Blatter, M. D.

June 19, 1914 (Address) Greenville, Ky.

18 STATE THE DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

20 PLACE OF BURIAL OR REMOVAL: Hebo graveyard

DATE OF BURIAL: 6/19, 1914

21 UNDERTAKER: Owen L. Roark

ADDRESS: Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. AGE should be given in terms, so that it may be properly compared. Exact statement of OCCUPATION is very important. See instructions on back of certificate.