

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

1 PLACE OF DEATH

County *Muhlenberg*

Vol. *Vol. 11* Registration District No. *271*

Inc. Town..... Primary Registration District No. *7131*

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

2 FULL NAME *William Franklin Elkins*

File No. *2556*

Registered No. *8*

[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 (Write the word) *single*

6 DATE OF BIRTH *Jan 17 1913*  
 (Month) (Day) (Year)

7 AGE *9* yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg County, Ky.*

10 NAME OF FATHER *E. J. Elkins*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co. Ky.*

12 MAIDEN NAME OF MOTHER *Pearl Davis*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *Ross Elkins*

(Address) *Greenville, Ky.*

15 *Jan 27 1913* *H. N. Green*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Jan 26 1913*  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 17*, 1913, to *Jan 9*, 1913, that I last saw him alive on *Jan 17*, 1913, and that death occurred on the date stated above at *2* p.m. The CAUSE OF DEATH\* was as follows:

*Scrub typhus, 2 or 3 months child, not developed*  
 (Duration) .... yrs. .... mos. *10* ds.

Contributory (SECONDARY) *not developed at death* (Duration) .... mos. *10* ds.

(Signed) *J. H. Halper*, M. D.  
*Jan 27*, 1913. (Address) *Greenville*

\*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 *Liberty Burial Park* DATE OF BURIAL *Jan 27, 1913*

20 UNDERTAKER *Mc Donald & DeWitt* ADDRESS *Greenville Ky*

WRITE PLAINLY WITH SPACES BETWEEN WORDS IN A PLAIN, UPRIGHT POSITION. Do not use CURVED OR SLANTY IN plain terms, so that it may be properly understood. Great amount of information is very important. See instructions on back of certificate.

*84*