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Commonwealth of Kentucky State Board of Health Bureau of VITAL STATISTICS Ceunty Vot. Pet. Inc. Town City (No. (No. (If death occurred in a hospital or institution, give its NAME instead of street and number) 2 FULL NAME COMMONWEALTH OF KENTUCKY State Board of Health Bureau of VITAL STATISTICS CERTIFICATE OF DEATH Registered No. (If No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
(a) Residence. No. S (Usuai place of abode)	(If nonresident, give city or town and State)
	Security of the second control of the second
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. Single, Married, Widowed or Divorced (write the word) Second 1	21. DATE OF DEATH (month, day, and year) 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1925 to 1, 1927, death is said to have occurred on the date stated above, at 2, m. The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
3. Trade, profession, or particular kind of work done, as spinner,	
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) Occupation	Contributory causes of importance not related to principal cause:
12. BIRTHPLACE (city or town)	THE RESIDENCE OF THE PROPERTY
18. NAME Jal Farmer	Name of operation
15. MAIDEN NAME Print Bradley. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL CREMATION OF REMOVA Place Date Date Date Date Date Date Date Dat	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of
19. UNDSTAKES 3 MCDONALD 10. (Address) Green 111 114	deceased? If so, specify (Signed)
20. FILED Registrar.	(Address) Geleville 14