

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

22867

1 PLACE OF DEATH

County FranklinVot. Prec. # 5Registration District No. 872Inc. Town FranklinPrimary Registration District No. 8421City Franklin

(No. _____)

St. _____

Ward _____

2 FULL NAME James Henry Langhender

File No. _____

Registered No. 30

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept. 16 25 1832
(Month) (Day) (Year)

7 AGE 78 yrs. 2 mos. 9 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Christian Co Ky

10 NAME OF FATHER Leon Lee Langhender

11 BIRTHPLACE OF FATHER (State or country) State of Pennsylvania

12 MAIDEN NAME OF MOTHER Nancy C Myers

13 BIRTHPLACE OF MOTHER (State or country) Christian Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L. Langhender
(Address) Bedford Ky

15

Filed 9-26 1915 J. H. Kinnard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 26 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1915, to Sept 26, 1915, that I last saw him alive on Sept 25, 1915, and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Cerebral Pictoria

Contributory Debility (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. D. Grandiff, M. D.
Sept. 26, 1915 (Address) Franklin 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 Madens Cemetery DATE OF BURIAL Sept. 26, 1915

20 UNDERTAKER Jess House ADDRESS Franklin Ky

WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully checked. All entries should be filled 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.