

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. W. C. Haul Registration District No. 671

Ino. Town..... Primary Registration District No. 2131

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

2 FULL NAME..... Flatt

File No. ....

Registered 31539

[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)

6 DATE OF BIRTH Nov. 1, 1917  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Muh. Co Ky

10 NAME OF FATHER Ben Flatt

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lizzie Level

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ben Flatt

(Address) Greenville Ky

15 Filed Jan 2 7 1918 W. P. Wickoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 1, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2 drooping, 1917, to....., 191....., that I last saw him alive on Nov 28, 1917, and that death occurred on the date stated above at 10:30 P.M. The CAUSE OF DEATH\* was as follows:

Pneumonia, Alth 7 1/2 months.

(Duration) 6 yrs. 11 mos. 28 ds.

Contributory (SECONDARY)

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

(Signed) T. J. Slater, M. D. (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 ..... 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 Cherry Grove B. G. Nov. 7, 1917 DATE OF BURIAL

20 UNDERTAKER McDonald & Smith Greenville Ky ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.