

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

PLACE OF DEATH
County Muhlenberg
Vol. No. 181 Registration District No. 7135
Town Bevier Primary Registration District No.
City (No. St. Ward)

File No. 16500 ..
Registered No. 183 ..
(If death occurred in a hospital or institution give its name instead of street and number.)

FULL NAME Louise Smith Ford

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Jan 7, 1891</u> (Month) (Day) (Year)		
AGE <u>23</u> yrs. <u>5</u> mos. ds.		IF LESS than 1 day ... hrs. or ... min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Coal miner</u> (b) General nature of industry business or establishment in which employed (or employer)		
BIRTHPLACE (State or country) <u>Cisney Ky</u>		
PARENTS	10 NAME OF FATHER <u>Sidney Robert Ford</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Pellham North Carolina</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Jane Cobb</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Wentworth North Carolina</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Jane Ford ..
(Address) Drakeboro, Ky

15 June 5, 1914 W. H. Hoover
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 7, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1913, to June 7, 1914, that I last saw him alive on June 1, 1914, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH* was as follows:

Pellegra

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H. D. Newman, M. D.
June 8, 1914 (Address) Drakeboro, Ky.

*Give 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 Langley Graveyard DATE OF BURIAL June 8, 1914

20 UNDERTAKER J. P. House & Co ADDRESS Drakeboro, Ky.

WRITE PLAINLY WITH CAREFUL HANDWRITING IN THIS IS A PUBLIC RECORD
 A 25-cent stamp of the Bureau of Health is required on every certificate of death. The stamp should state the cause of death and the date of death. See instructions on back of certificate.