

**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

3890

 1 PLACE OF DEATH  
 County Muhlenberg  
 Vol. Pct. Wardland  
 Inc. Town .....  
 City ..... No. .... St. .... Ward)

 Registration District No. 1086  
 Primary Registration District No. 6815

 File No. 2  
 Registered No. 2

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

2 FULL NAME James A Farhead

## PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Male 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) Married

 6 DATE OF BIRTH Aug 20 1861  
 (Month) (Day) (Year)

 7 AGE 68 yrs. 5 mos. 1 ds. IF LESS than 1 day..... hrs. or..... min?

 8 OCCUPATION  
 (a) Trade, profession or particular kind of work. Farmer  
 (b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Ky
 10 NAME OF FATHER James Farhead

 11 BIRTHPLACE OF FATHER (State or country) M.C.

 12 MAIDEN NAME OF MOTHER Phelia Vincent

 13 BIRTHPLACE OF MOTHER Ky

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. B. Tucker  
 (Address) Bremen Ky

 15 Filed Feb. 11, 1929 Dollie Robertson Registrar  
J. B. Tucker

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Jan 21 1929  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from 1-20, 1929, to 1-21, 1929, that I last saw him alive on 1-20, 1929, and that death occurred on the date stated above at 8:30 AM.

 The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Lungs  
 (Duration) 2 yrs. .... mos. .... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.

 (Signed) J. F. Edge, M. D.  
1-22 1929 (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 ..... 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 Mt. Zion DATE OF BURIAL Jan 22 1929  
 20 UNDERTAKER J. B. Tucker ADDRESS Bremen Ky

MADE REPRODUCIBLE FOR READING

 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.