

1 PLACE OF DEATH

County MartinburgVol. No. Brennan 31Inc. Town..... Primary Registration District No. 6.8.14

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

2 FULL NAME Phibia Forehand

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 1 2175Registered No. 103

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single Single  
Married Single  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH May 30, 1892  
(Month) (Day) (Year)7 AGE 44 yrs. 7 mos. 13 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work Washer  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Drew Forehand11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Ruth Luiney13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Forehand  
(Address) Seaboard Ky

15 Filed ..... 192..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 13, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1927, to Jan 13, 1927, that I last saw h..... alive on Jan 12, 1927, and that death occurred on the date stated above at ..... m.The CAUSE OF DEATH\* was as follows:  
apoplexy  
(Duration) ..... yrs..... mos..... ds.Contributory (Secondary) .....  
(Duration) ..... yrs..... mos..... ds.  
(Signed) J. Edward Buge, M. D.  
192..... (Address) Brennan

\*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 ..... In the  
of death ..... yrs..... mos..... ds. State ..... yrs..... mos..... ds.  
Where was disease contracted,  
if not at place of death?.....  
Former or  
usual residence19 PLACE OF BURIAL OR REMOVAL Mt. Pleasant DATE OF BURIAL Jan 14, 192720 UNDERTAKER J. B. Buckner ADDRESS Brennan Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information furnished by cardholder should be checked for accuracy. If EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARRIAGE REGISTERED FOR RECORD