

## PLACE OF DEATH

County Muhlenberg  
 Vol. No. Hillside  
 Ino. Town.....  
 City.....

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

 Registration District No. 875  
 Primary Registration District No. 7136
File No. 9117

Registered No. ....

 (If death occurred in a  
 hospital or institution,  
 give the name thereof and  
 street and number.)

 FULL NAME Joe Farayth (No. .... St., .... Ward)

## PERSONAL AND STATISTICAL PARTICULARS

 2 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH ..... 1 ..... (Month) (Day) (Year)

 7 AGE about 10 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) Muhlenberg Co Ky

 10 NAME OF FATHER P. Allegemate

11 BIRTHPLACE OF FATHER (State or country)

 12 MAIDEN NAME OF MOTHER Antie Farayth

 13 BIRTHPLACE OF MOTHER (State or country) Not Known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Lo. F. Underwood (Address) Hillside Ky

 15 File No. 875, 1917 C. B. McCliff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH March 10, 1917 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from ..... 191..... to ..... 191..... that I last saw h..... alive on ..... 191..... and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH\* was as follows:

No. Physicians (Duration) ..... yrs. .... mos. .... ds.

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

(Signed) ..... M. D. (Address) ..... 191.....

\*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. State ..... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence .....

 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 11, 1917

 20 UNDERTAKER ADDRESS McDonald & Adkins Greenville Ky