

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat. Graham

Inc. Town

City

(No. _____ St. _____ Ward _____)

2 FULL NAME Babus Campbell Franklin

File No. 23317

Registered No. 7140

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

7140

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH September 2, 1912
(Month) (Day) (Year)

7 AGE yrs. mos. 18 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (state or country) Muhlenberg Co.

10 NAME OF FATHER Stee Franklin

11 BIRTHPLACE OF FATHER (State or country) Gopkins Co

12 MAIDEN NAME OF MOTHER Maggie Campbell

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Campbell
(Address) Graham, Ky

15 Filed 9/20, 1912 Thos A Graham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 20, 1912, to Sept 20, 1912, that I last saw him alive on Sept 15, 1912, and that death occurred, on the date stated above, at 10:30 AM.

The CAUSE OF DEATH* was as follows:
Insufficient vitality due to premature birth

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY)

(Signed) L.D. Whitaker, M.D.
Sept 20, 1912 (Address) Graham, 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, TRANSPORTS 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 Unity DATE OF BURIAL 9/20, 1912

20 UNDERTAKER Frank Cochran ADDRESS Graham

WRITE PLAINLY, WITH EMPHASIS NE-THIS IS A PERMANENT RECORD

2. 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.