

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16723

1 PLACE OF DEATH
County Muhlenberg
City _____ (No. _____ St., _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME J. L. Fulkerson

(a) Residence. No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____

Registered No. _____

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

16 DATE OF DEATH July 9, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased
 from Mar 1, 1926, to July 9, 1927,
 that I last saw him alive on July 8, 1927,
 and that death occurred on the date stated above at 2 A M.
 The CAUSE OF DEATH* was as follows:
Dropsy
Septicemia & General Infection
(Arteriosclerosis)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

7 AGE about 44 yrs. _____ mos. _____ ds.
 IF LESS than 1 day _____ hrs. or _____ min?

(Duration) 2 yrs. _____ mos. _____ ds.
 Contributory Dropsy
 (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Retired Blacksmith
 (b) General nature of industry, business or establishment in which employed (or employer) Seed at County Poor Farm

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) J. C. Woodburn, M. D.
 _____, 19 August 14 (Address) Paducah Ky

9 BIRTHPLACE (city or town) Muhlenberg Co Ky
 (State or country)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

10 NAME OF FATHER P. A. Fulkerson

11 BIRTHPLACE OF FATHER (city or town) Muh. Co-14
 (State or country)

12 MAIDEN NAME OF MOTHER Eliza Sims

13 BIRTHPLACE OF MOTHER (city or town) Muh. Co. 14
 (State or country)

19 PLACE OF BURIAL OR REMOVAL Fulkerson B.G. DATE OF BURIAL July 10, 1927
 20 UNDERTAKER M B McDonald ADDRESS Greenville

14 (Informant) P. A. Fulkerson
 (Address) Central City Ky R 1

15 Filed 7/10/27 C. Wickliffe Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.